VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934 CERTIFICATE OF DEATH 03011

			9,
Reg	Dist	No	21

	100.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montg Co	
City or town. Washington Grove, (Rural) (If outside city or town limits, waster RURAL and give nearest town)	State Maryland county Montg
(if outside city or town limits, was safetical and give nearest town)	City or town Washington Grove (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
Now long in hospital or institution?	
3. (a) FULL NAME	2.(a) 11 veteran, name war
Annie Virginia Achenbach	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. BATE OF DEATH March 8th 19 45 at 3 45P
William Achenbach	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Qama 2 1939 10 Mars 2 9 1945
7. Birth date of	and that last saw has alive on the same and the last saw has alive on the same and
deceased (mo., day, yr.) Oct. 22 1856	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
1856 88 4 16hrsmln.	
9. 6 rihplace	Due to
10. Usual occupation. House Wife	
	Due to
11. Industry or business William Harrar	
E Penn	Other conditions
Z 13. Birthplace Martha Roger	(Include pregnancy within 8 months of death)
14. Malden name Penn	
14. Malden name. Penn	Major findings of operations.
16. Informant Leo H Achenbach	Date of op.
	Antopsy results
Address Washington Grove, Md,	
Burial 3/11/45	22. VIOLENCE: If death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory Forest Oak Cemetery	Where did injury occur? (City or town) (County) (State)
Gaithersburg Md,	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director Ernest C Gartner Gaithersburg. Md,	
Address Galullel. Soul. 8. 220,	The War Condres Bones M. ?.
19March 9 1945 alread & Conke	23. SIGNATURE M. D
(Date ree'd by registrar)  Registrar	1/amascus - have and the 18/9/95

HEADERS TRUMENTED STATE GRADIESS

APR 5 1945
BUREAU V.S

2411 N. Charles St., Baltimore 97)

# CERTIFICATE OF DEATH

03012

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Mant gamey	(For newborn infants give residence of mother)	
City or town (If outside city or town ilmits, write RURAL and give nearest towo)	State. Way County County	
How long in above place of death? Haus	City or town	
Hospital, Institution, or street address where death occurred:	W. Ti	
Toushington Saintarium + Hospital	Street No(If rural, give LOCATION)	
How long in hospital or institution? + Large		
	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Mrs. Lillian Ocorn		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Lewel white widowing	20 DATE DE DEATH March 6 1045 of 3 9. M	
1 . 4 .	- PRIL DI PLATINISIONI DI CONTROLLE DI CONTR	
8.(b) Name of husband or wite. App. After age ( Leave )	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from	
Wellace 5.(c) If aliye, give age years	3-1-45 1845 to 3 - 6 - 1840-	
7. Birth date of	and that I last saw how alive on 19.000	
	Immediate cause of death	
CA 110 06	meanings Carebral ontenionsclarosis. 7 June	
80 10 20hrsmin.	Durag	
9. Birthplace April (Town county and state)	Due to 1 ton 2 undaterminade Carofor	
// // (xown, county and state)		
1D. Usual occupation has survive	Due to arterion relevanish	
11. Industry or business at have	SALE IN THE SALE OF THE SALE O	
E 12. Name	Bob Allbara	
	Diher conditions	
	(Include pregnancy within 8 months of death)	
14. Malden name. Pattie Knowles  15. Birthplace . Mass y	Major fiedings of operations.	
15. Sirtholace , Mass of		
We allender I Have to	Date of op.	
18, Informant	Actorsy results	
Address Lakoma Jark Wel.		
17 Demoral Date thereof Tuash 6 1945	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremalory	Where did injury occur?	
washington ac	Injured at home, farm, Industry, public place (where?)	
Location	Means of Injury Injured at work?	
18. Funeral director Deal & uneral House		
Address 4812 De Clay Mys. DC	( ha 10 ) 0	
man 1 1 us & Affin Dodl	23. SIGNATURE M. D. or other	
13 Marde 6 19 43 7 1/1/12 1200	John Sering had my 3-6-45	

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03013

### CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:  County. Mongtomery  City or town. Bethesda (rural)  (If ontside city or town limits, write RURAL and give nearest town)  How long in above place of death? One month 27 days  Hospital, institution, or street address where death occurred:  US NAVAL HOSPITAL, Bethesda, Md.  How long in hospital or institution? One month 27 days  3. (a) FULL NAME				2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	unty  a, writs RURAL and give near  DUTSE a LOCATION)	V
5. (a) FULL NAME		RGER,	Ralph Coleman, Ma	jor USMC	3. (b) Social Security I	lumber
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced married					ertification ch 19 45	at 0125 a M
6.(6) Name of husband or wife Mrs. Betty Alburger  6.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  22 May 1888				21. I CERTIFY that death occurred on the date about 11 January 19 and that I last saw h imalive on 7.	45 to 8 March	19.45
8. AGE: Years	Months 9	Days 16	If less than one dayhrsmin.	min. Immediate cause of death		DURATION 9 days
1D. Usual occupation	US Marin	e Corp	state)	Due to	mbosis	7 mo
15. Birthplace		ty Alb	urger	(Include pregnancy within 3 a Major findings of operations.  Autopsy results. Moddone PHYSICIAN: Please underline the cause to wi		
Address 5522 Wisconsin Avenue, Wash., D.C.  17. burial Bate thereof 3-10-15 (Bartal, cremation, or removal, Which?) (month) (day) (year)  Cemetery or crematory Arlington National Cemetery  Location Arlington, Va.  18. Funeral director W. W. Chambers L. D. J.				R. P. McC	(County) here?) injured at work? Combs, Lt.(MC)	(State)
19. 8 Marc	19.45	Mary	harlotte Smith Registrar	US Naval Hospital		

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APR 6 1945

BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

03014

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Sendington	State Many land County Transfer		
(If entside city or town limits, write RURAL and give nearest town)	Marian of Kenny of -		
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
28 prospect	Sireet No. 22 5 (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
William James avery			
4. Sex 5. Color prace 6.(a) Single, married, widgwed, or divorced	MEDICAL CERTIFICATION		
male white measure	20. DATE OF DEATH MUCL 28 1945 11 9135 MM		
8.(6) Name of husband-or wife. Ida Mae	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date ot years	184/ 10 Israel 38 1845		
7. Birth date of deceased (mo., day, yr.) May 25, 1864			
8. AGE: Years   Months   Bays   If less than one day	Immediate cause of death		
80 10 3hrsmin.	Disease		
9. Birthplace Canada	Bue to		
Town, county, and state)			
10. Usual occupation.	Due to		
11. Industry or business			
12. Hame James S. Query 13. Birthplace	Other conditions Jewis and Assert		
	(Include prognancy within 3 months of death)		
14. Maidon name Margaret Brosley  15. Birtholace	Major tindings of operations		
15. Birthplace			
18. Informant Was E. J. Wassefield	Autopsy results		
Address Remarks Turd.	22. VIOLENCE: It death was due to external causes, fill in the following;		
17 Shipment 3/29/45  [Burial, crementon, or removal, Which?]  [Burial, crementon, or removal, Which?]	Accident, suicide, or homicide		
1/2/2017			
Cemetery or crematory	Where did injury occur?		
Location	Injured at home, 1arm, Industry, public place (where?)		
19. Funeral director Sullen Surgery	Means of Injury Injured at work?		
Address 7557 Wio. Clus. Betherlas	23. SIGNATURE & MARION Bankhad Turo		
19. 3/28 18.45 Mm E. Johnson Registrar	M. D. or other		
(Date rec'd by registrar) Registrar	Address Date signed 2/2-8/45		

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APR 6 1945

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183

03015

### CERTIFICATE OF DEATH

Reg. Dist. No. 216

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME arthur H. axford	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Male Whate Sengee	MEDICAL CERTIFICATION  20. DATE OF DEATH
8.(5) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If tess than one day  17	Immediate cause of death DURATION  Due to Market Ma
10. Usual occupation. Western Heigh School Stude  11. Industry or beginess  12. Name. Silbert No. Cay for l  13. Birthplace Nowark	Due to  Other conditions  (Include pregnancy within 3 months of death)
14. Maiden name Nelen M. Cloffers.  15. Birthplace Easton Fa  16. Informant Mes. Nelen M. Ox ford  Address # 113 W. St. n. W.	(Include pregnancy within 8 months of death)  Major findings of operations
17	22. VIOLENCE: If death was due to external eauses, fill in the following;  Accident, suicide, or homicide. Accident by Date of 3-3-4-4-5  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)
18. Funeral director Wis Quelen Fumphy Address 7557 Wis. Que. Betterfle	Heans of injury drowing injured at work? no trank I. Broschart M. J.
19. (Date ree'd by registrar) 19.45 Mm E Jelesting.  Registrar	23. SIGNATURE M. D. or other  Address M. D. or other  Address M. Date signed 3.3/-95

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APR 6 1945

BUREAU V.S.

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shown on	~ ^	CERTIFICA	TE OF DEATH	Reg. Dist. No. 2/7
	G 9 4 MAY 15 194	)		Reg. Diat. No.
1. PLACE OF	DEATH: +gomery		2. USUAL RESIDENCE (HOME (For newborn infants give residence	E) OF DECEASED:
	/ / / .	***************************************	State Mary land	County Howard
City or townLK.A	Mey Mary auc	URAL and give nearest town)		R.7.10-
	lace of death?		City or town(If outside city or town I	limits, write RURAL and give nearest town)
	to street address where death occurrent to a comment of the second occurrent of the second occurrent of the second occurrent o	_/	Street No.	
	1 / 1	0.116		give LOCATION)
		····	2.(a) tf veteran, name war	
3. (a) FULL NA	_ , ,	2		3. (b) Social Security Number
4. Ser	David M. /	DAVNES  e. married, widowed, or divorced		
		= 1		CERTIFICATION 35
Male	white n	Parried.	20. DATE DE DEATH March	3 1945 at 2 P
S. (b) Name of hush	and or wife Mis. hettic	M. Barnes.		te above stated; that I attended deceased from
.,		tf alive, give ageve		19 45 to March 3 19.45
. Birth date of	_ 1		and that I last saw h L.M2alive on	March 3 1945
deceased (mo., day, yr.) December 18, 4943 1878  8. AGE: Years   Months   Days   If less than one day		Immediate cause of death		
66 2 15hrsmin.		general peri	tomitis 4log	
06 70				
3. Birthplace	(Town, county, and	tate) ///0.	Due to LLCATE GANGE	nous appendication 13 Las
10. Usual occupati	on Farmer		***************************************	
11. Industry or bus	inanc		Due to	
	Joseph Barne	5		
12. Name			Other conditions	
	Fliscaheth C	ruise	(Include pregnancy with	in 8 months of death)
t 4. Maiden na	me LIZADEVY	ruist	Major findings of aperations. A.C.M.t.e.	gangrenous appeadit
t 5. Birthplace	/	-		Date of op. Feb. 20,19
B. Informant	togpital recoi	45	Antopsy results	
Address	0			tn which death should he charged statistically.
1 Be	id no	01,3-6-45	22. VIOLENCE: If death was due to externa	
(Burial, crema	tion, or remedil. Which()	(month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cree	mayory manue	¿ Com.,	Where did injury occur?(City or to	wn) (County) (State)
Location	Sagasvill	, md.		e (where?)
	PAID		Means of Injury	Injured at work?

18. Funeral director. Address M. D. or other 19. 3-6-(Date rec'd by registrar) Registrar Address Sandy , md Date signed 3,

APR 7 1945 BUREAU V.S.

Contraction of the second

2411 N. Charles St., Baltimore BF

# 03017

CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town lights, write RALA and give nearest town)  Street Mo.  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME BARRELLA, EDWAR	D PARK  3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Massired  FORER 8 4 4 4 6 C R 16	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years   Months   Bays   If less than one day   S   DUTH   TURNER   MITINE    9. Birthplace   SOUTH   TURNER   MITINE    (Town, county, and state)	MRSCH 7 1945 10 MFRCH 17.1945 and that I last saw h 14 alive on MRRCH NEWORKHAE DURATION FEB25 20 PRY Bue to NEPHRITIS - CHRONIS 240
11. Industry or bosiness STETS ON - UNIVERSITY  12. Hame BAREN U. CHARLES HAYDEN  13. Birthplace SO, JURNER MAINE	Other conditions SEN/UITY 2 YPS  (Include pregnancy within 3 months of death)
14. Maiden name CRAFTS, UAURIT JANE  15. Birthplace / UBURN MAINE  16. Informact Mas EDNA BOGER WOOD	Major findings of operations
Address 8 9 9 9 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director The SH Himse Co  18. Funeral director The SH Himse Co  Address 2901-14th SH MAN -  19. Man 17 1945 Deephine m. Schangelle Property (Date rec'd by registrar)	Injured at home, farm, industry, public place (where?)  Means of injury  1 injured at work?  23. SIGNATURE SIGNATURE M. D. or other  Address Suburitan Nay Bush Blok, Date signed 3-17-45

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APR 5 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 93-0



# 03018

# CERTIFICATE OF DEATH

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Montgomery	State Maryland County montgomory		
(If ootside city or town limits, write Renal give nearest town)			
How long in above place of death?	City or town Silver Shring write RyAL and give nearest town)		
Haspital lactifution of street address where death occurred:	Street No. 8560 Georgie Que		
	(If rural, give LOCATION)		
How long to hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Raymond Sare 43 avro			
4. 582 O 5. Color of race 5.(c) Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
male white divorced	20. DATE DE DEATH NING - 6 TH 1945 at 9:32 PM		
6.(b) Name of bushand or wife. Bertha E.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
The state of the control of the state of the	2-15 19.45 10 19		
7. Birth date of deceased (mo., day, yr.) Oct. 4, 1898	and that I last saw h.4.271 alive oo		
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION		
	Wissensknowd Remarkage, 30 mins		
	The state of the s		
9. Birthplace Was Sington & C	Die te Typester was supposed to grave		
10, Usual occupation Owner + Manager of	***************************************		
11. Industry or business Barrett Filling Stateon	Due 10		
# 12 Name 20 bert Barrott	ML		
12. NameZobert Barrotts 13. Birthplace Maryland	Dither cooditions		
	(Includo pregnancy within 3 months of death)		
	Major findings ol operations		
16. Informant Mixe Mary & Crismond	Antopsy results.		
Address 8560 Georgia Ove, S.S. Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Buria O Dale thereof March 9 1945 (Buriai, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Genetery or committee St. Marko	Where did injury occur?		
Location Fairland md	Injured at home, farm, industry, public place (where?)		
18. Funeral director Warners & Paron phrey	Means of Injury Injured at work?		
Address Silver Spring md.	Total In MA		
	23 SIGNATURE M. D. or other		
19. Mar 8 1945 Josephins M. School for (Date ree'd by registrar)	Address Subardan Wank Blog Date signed 3-8-45		
(Date see a by segment) Registrati	Audies signed		

PERSONAL TRANSPORT OF TRANSPORT

21

APR 5 1945
BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 945 CERTIFICATE OF DEATH

03019

Reg. Dist. No. 2

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Michigosom	(For newborn infants give residence of mother)		
City or town	State Many Land County Many Conney		
	Cily or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
nospital, institution, or street address where docum occurred.	Sireet No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME Frankline Edward Bea	3. (b) Social Security Number		
trankline ledward The	none		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white Married	30 115 11 22		
0	20. DATE OF DEATH. Mar 15 19 4 5 at 1/-30		
6.(6) Name of husband or wife Ether Manian Beale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
e fal Mallina etina anna 73 wassa	Mas 15 1945, 10 man 15 1945		
7. Birth date of -U. f. 2. / 7 2 years	and that I last saw h		
Geceased (mu., day, yr.)	Immediate cause of death The complete C		
8. AGE: Years Months Days If less than one day	Sue to Coronany T Cordine half he		
72 6 /3nrsmin.	disease / mlnam		
Town Lan Commelia	Do de		
9. Birthplace (Town, county, and state)	pue 10		
1D. Usual occupation. Tana			
11. Industry or business Dann Fahren	Due io		
EI 0 1 0			
12. Name	Diher conditions		
\$ 13. Birtholder Marstgorny County-	(include pregnancy within 8 months of death)		
14. Maiden name Lomes willing Trang			
	Major findings of operations		
\$ 15. Birthplace Mondgong Crocante	Date of op.		
18. Informant Coffeel Transcale	Autopsy results		
Address Damas md			
13 unical maintelegal-	22. VtOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Damasaus llar	Where did injury occur?		
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director J. U.S. U.S. eall and	Means of Injury Injured at work?		
Address Damas Cur. md			
ANUTESS A CONTROL OF THE CONTROL OF	23. SIGNATURE M. D. or other		
19 mar 17 19 85 Della W. Burdett			
(Date rec'd by registrar) Registrar	Address Lay to southe med Date signed Man 14/45		

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APR 3 1945

BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (168)

03020

2			CERTIFICAT	TE OF DEATH	Reg. Diat. No.
How long in above place of disopital, institution, or streed to the street to the stre	hesda, hesda, hesty or town lie city or town lie cath? 2 het address where L. HOSPIT thullon? 2	(rural mits, write R ours death occurred AL, Be hours ETT, J	URAL und give nearest town)  thesda, Md.  ames Richard, Cpl.	City or fown Uuboistown, (If outside city or town limits, wr  Street No. 2965 Cochran Stre (If rural, give Loc 2.(a) If veleran, came war	ECEASED: ner)  Ite RURAL and give nearest town) et
4. Sex 5.	Color or race		ingle	MEDICAL CERT	<b>TIFICATION</b>
6.(6) Name of husband or w  7. Birth date of deceased (mo., day, yr.)			) If allve, give ageyears	21. I CERTIFY that death occurred on the date above standard that last saw h	aled; that I allended deceased from
8. AGE: Years	Months	Days	If less than one day		
19 9 8			tate)	Due to Shock	
12. Name Frank Bernard Bennett  13. Birthplace Pa.  14. Malden name unknown  15. Birthplace unknown				Other cooditions Homicide—Alter block of Kenner (Include pregnary within 3 month April 6, 1945) Major findings of operations.	dv St. N. W.
16 Intermant (father) Frank B. Bennett Address 2965 Cochran Street, Duboistown, Penn.				Autopsy results	death should be charged statistically.
17 burial Date thereof 1-10/15 (Burial, cremation, or removal, Which?)  Cemelery or crematery Arlington National			onal	Accident, suicide, or homicide	Date of
Location Arlington, Va.				Injured at home, farm, industry, public place (where?)	
18. Funerat director W. W. Chambers,  Address 1400 Chapin St., N.W., Wash., D.C.				Frank J. Bra	
19. ADril 6 (Date rec'd by registra	19. 45	?hae	Clatte Suith	23. SIGHATURE. Sep. med. Co.	M. D. or other

Released to District Authorities this date 1,-6-45.

Frank J. Broschart, M.D.
Deputy Medical Examiner
For Montgomery County, Md.

HANGE CHEST AND LOT AND LOT HOLD

BUREAU V.S.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

### CERTIFICATE OF DEATH

03021

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Mant gonery	(Fer newborn infants giva residence af mather)	
City or town. (If autside city or town limits, write RURAL and give nearest tewn)	State Mayland County Managoney	
(If autside city ar town limits, white RURAL and give nearest tewn)	City or town Silver Silver	
How long In above place of death? 14 months	City or town (If eutside city ar town limits, write RURAL and give nearest town)	
Hospital, institution, or street address where death occurred:	Street No. 929 Hist and	
929 500	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) [] veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
mary frace Blocher		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Jamale White Widowed	20, DATE DF DEATH MICHIEL 22 1945 at 11 13. M	
6, (b) Name of husband or wife Charles S. Blocher	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
S (a) If all us give one	march 21 1945 10 march 22 1945	
7. Birth date of deceased (mo., day, yr.) Fan 28 1866	and that I last saw her alive on March 22 1945	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DUBATION	
79 1 22nrsmin.	Bastre Lewonloge I day	
9. Birthplace House (Tewn, county, and state)	Bue to findlemmed.	
10. Usual occupation	Ma funther information 2008 Solls	
	Due to	
11. Industry or bysiness		
12. Name Jacol W. Bender  13. Birtherace Octavia Ca PA	Other conditions Devard Welling	
× 1	(Include pregnancy within 8 months of death)	
14. Maiden name. Frank Stage.  15. Birthplace Rams Car. PA.	Major findings ef eperations.	
2 13. Birtiipiace	Date of op.	
16. Intermant P. 3. Stocher	Autopsy results	
Address Land Somey and		
17 Remonal For Burial Bate thereof March. 25-1943	22. VIOLENCE: It death was due to external causes, fill in the tollowing;	
(Burial, cremation, er remeval. Which?)  Date thereof. (month) (day) (year)		
Gemetery or crematory Int Carnel Coultry	Where did injury occur?	
Location Tettlesloeum, PA.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director Tolon M. Littley fon	Means of Injury tnjured at work?	
Address Littleslown 1PH Py R. A. Little	James Bankland Took	
mand 13 wo Coldina Colorella	23. SIGNATURE M. D. er other  19601 Sutton Place M. D. er other	
19. (Data ree'd by registrar)  Registrar	Address Salve Date signed 3/22/45	

RECEIVE APR 5 1915 BUREAU V.B.

13 4

# 2411 N. Charles St., Baltimore (252) CERTIFICATE OF DEATH

1. PLACE OF DEATH: County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Med. County montany
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or lown
morphal, mornarion, or vitor actions of the control	Street No. //055 - Old Stand.
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MALALATH FRAN	CES BROWN
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t. Colored Widoroed.	20. DATE DE DEATH March 20 19 45 at 6 P N
B.(b) Name of husband and Benja Brown.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
Heta 6.(c) If allve, give age years	march 6 19 45 10 March 20 19 46
7. Birlif date of deceased (mo., day, yr.)	and that I last saw h. Lam alive on March 19 19.45
8. AGE: Years   Months   Days   If less than one day	Immediata cause of death
692hrs,mln.	CIT MAN OR CULT -
5/a.	Due to 1 Year
9. Sirthplace (Town, county, and state)	Churic myo Cardetts
1D. Usual occupation Honselviers	Bue to
11. Industry or business	
12. Name	Dther conditions
	(Include prognancy within 3 months of death)
14. Maiden name Promodia Jackson  15. Birtholace	
15. Birthplace	Major findings of operations.  Dale of op.
18, Informani Mrs Luella Jee	Autopsy results.
Address Rock will and.	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
- B 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoyal. Which?)  Dale thereof 3 - 24 - 45 (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Shilo Clinelary	Where did injury occur?
Locallon middledurg, Va	Injured at home, farm, industry, public place (where?)
18. Funeral director Robert 4 mc Lune	Means of injury injured at work?
Address 1820 - 9 # Sy n. W.	Calvin B. Le Compte
10 mar 21 10 45 Josphine Mr. Schaeffe	23. SIGNATURE MA. D. or other

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AMERICAN SERVICE AND ASSESSMENT

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RECEAL VIEW

APR 5 1945

EUREAU V.S.

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5404 Rombith Rd. Har MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3

### CERTIFICATE OF DEATH

Reg. Diat. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infanta Rive residence of mother)  State
(If outside city or town limits, write RURAL and give nearest town)	Chouse Charact
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 200 Jours Bridge Rd.
Outher Horning	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Touse puckley	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temple white widow	20. DATE DE DEATH MAKALE 8 19 45 21 11:10 .
Joseph	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
6.(b) Name of husband or wife	Janah 5th 18 45 10 March 8 18 45
7. Birth date of	and that I last saw h. CV .alive on
deceased (mo., day, yr.) fall - 19, 1856	Immediate cause of death Regulatory DURATION
8. AGE: Years Months Days It less than one day	· Jashan
89 1 17hrsmin.	
8. Birthplace Washington D.C.	Due to Higgesteuseus Cardio Renel
(Town, county, and state)	Dusas
10. Usual occupation	Due to.
11. Industry or business	900 (V.
12. Name Christian Ziegler	Other conditions Contanional Contanional
12. Name Christian Lieglen  13. Dirthplace Germanis	
	(Include pregnancy within 3 months of death)
14. Malden name CALLARIAN ENAMEL STANKER	Major findings of operations
E 15. Birthplace Mer Maul	
16. Informant Assignment Record	Antopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. 3/9/45 Date thereof. 3/9/45	22. VIOLENCE: If death was due to external causes, till in the tollowing:
17. 3. 9. 4. (Burial, cremation, or removal, Which?) (at thereof 3. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
location workington J.C.	Injured al home, farm, industry, public place (where?)
1	Means of Injury Injured at work?
18. Funeral director	4 . 0
Address & 812 - Sev av. min	as CICHATURE I ample large of MD,
. 3/9 .45 Mm E l.f.	23. SIGNATURE M. D. or other
19	Address Di Co Kentgetv Ella Dale signed 3/9/45

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Mall their lend (II.)

MITHER ED MORNE

APR 6 1945
BUREAU V.S.

11/1/19

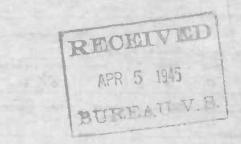
2411 N. Charles St., Baltimore

# 03024

### CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Manual Transport	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State
	City or town. Rassack Sent Tarsack
How long in above place of death?  Hospitat, Institution, or street address where death occurred:	(if outside city or town limits, write RURAL and give nearest town)
	Street No.
the state of the s	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	Burroughs
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	// MEDICAL CERTIFICATION
E wo hale	20. DATE OF DEATH. 4.5 at 1030 M. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	3/ 19.75, 10.
7. Birth date of deceased (mo., day, yr.) Acas 31,1945	and that I last saw
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
0 0 0	Primituse - 6 llas, 5/2 hs,
9. Birthplace	Duo to
10. Usual occupation	Due to
11. Industry or business	000 (0
12. Name W TE B TO THE TO THE TO THE TE STATE OF THE TE STATE	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Character White	Major findings of operations
- 1 to be displace	Date of op.
16, Informant Augustina C. Banagas	Autopsy results
17 Bursal Bate thereof 3/8//45-	22. VIOLENCE: tt death was due to external causes, tilt in the tellowing:
(Burial, cremation, or removal, Which?) (month) (www.) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Parthery July	Injured at homo, tarm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
ON THE ONE STATE	mn - · · ·
Address July 100	23. SIGNATURE MANAGEMENT TO
18 March 31 18 45 almes 4 books	Address Que signed Man 3/1/9 %
	· Number of the Control of the Contr



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

### 2411 N. Charles St., Baltimore 940)

03025

### CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  Cily or town  (If outside city or town limita, writo RURAL and give nearest town)  Street No. 8.0.2.9  (If rurai, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced framale. whate we downed.	MEDICAL CERTIFICATION  20. DATE OF DEATH 15 19.45 10.30 A.M.
6.(b) Name of husband or wife el elean.  6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I altended deceased from
7. Birth date of deceased (mo., day, yr.) June 11-1873.	and that I labt/saw h
8. AGE: Years Months Days of fees that one day	Immediate classe of action
9. Sirinplace La Crosse - Wise (Town, county, and state)	Bue to. Suddenly
10. Usuat occupation. Saucewife.	Due to
12. Name elekan Wagna. \$ 13. Birthplace La Rossa - Diae	Other conditions
14. Maiden name Unbenaum.  15. Birthplace La Carorse - Wise.	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informan Mus Fred a. Bushing	Autopay results
Address 8029 Castern ave Schw Ching. Wid.  17. Remaral. (Burial, cremation, or removal. Which?)  Date thereof. May 15 1945.	22. VfOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location La Caronse - Wise	Injured at home, farm, industry, public place (where?)
18. Funerat director Wana & Cunkhay	Means of injury Injured al work?  A. A. Berschart M. S.
19. Mar. 16 1845 Jucyline m. Schaffe (Date rec'd by registrar)	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed Date Signe

VS A15

APR 5 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 51-6

### CERTIFICATE OF DEATH

03026 Rog. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. Ry a Silve Spring (If outside city or town limits, write RURAL and give newtest town)	State Mary and County Mont gomery  City or town Rural Silver Spring Md.  (If outside city or town limits, write RURAE and give gearest town)
Hospital, institution, or street address where death occurred:	Street No. A vehe
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, namo war
Thomas Ewing Calho	3. (b) Social Security Number
Male Scient of G.(a) Stiggle, married, wildowed, or divorced Married	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MOYCH 3 1945 11/2:20 Pm
8.(b) Name of husband or wife Sarah Elizabeth	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from  19.45
7. Birth date of	and that I last saw h. J. Mrs. allvo on March 3 1845-
8. AGE: Years Months Days If loss than one day 77 / 6 22	Immediate cause of death CARSINGUS OF DURATION 25 mo.
8. Stringtace Obion Co. Tenn. (Town, county, and state)	of Ersin Sternum 25 me
10. Usual occupation MINISTER  11. Industry or business Nethodist Church	Duo to and Spine
12. Name Joe 13. Calheun, 13. Birthplace	Other conditions Nephritis Subacute 2 week Partial Intestinal Obstruction / week
14. Maiden name Emma L. Wynn	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplaco / ENNESSEE	Bate of on
Addross Avenel Silver Spring Md	Autopsy results
Day Clay	22. VIOLENCE: If doath was due to external causes, fill in the following;
(Burial, cremation, or regional, Whiteh)  Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or cromator 220° Wooh, or too. Com	Where did injury occur?
Location Co assumption.	Injured al home, farm, industry, public place (where?)
18. Funeral director Mortin. W. Hyson Co.	Moans of Injury tajurod al work?
Address 1300 - N. al. n. W. Wosh U.G	23. SIGNATURE Wallace W. My ook M. D
19 Mar. 3 (Date rec'd by registrar)  19 45 Josephine m. Schaeffer	805 Carrell Ave., Takema Park 12 M. D. or other Address Many 124 Date signed 3-3-45

BUREAU V.S.

2411 N. Charles St., Baltimore

93-0

# 03027

### CERTIFICATE OF DEATH

Rog. Dist. No. 218

1. PLACE OF DEATH:  County Montg Co.  City or town Gaithersburg Md  (If outside city or town limits you'te gur Mond give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  Maryland Montg  Gaithersburg
How long in above place of death?	City or town
3. (a) FULL NAME	3. (b) Social Security Number
Roberta Bee Caton  4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
Female White Widow	MEDICAL CERTIFICATION  March 23rd 19 45 31 5 • 30 m March 23 rd 19 45 31 5 • 30 m March 23 rd 19 45 31 5 ° 30 m March 23 rd 19 45 5 ° 30 m March 23 rd 19 45 5 ° 30 m March 23 rd 19 6 ° 30 m March 23 rd 19 6 ° 30 m March 23 rd 19 6 ° 30 m M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I gittended deceased from 19/2 to 19/2 23 19/5 end that I last saw h 2 alive on March 22 19/5:
deceased (mo., day, yr.)         Jan 6th 1870           8. AGE:         Years         Months         Days         If less than one day           1870         75         2         17        hrs.        min.	Immediate cause of dath Surface PURATION 2/2 days
9. Birthplace PrinceWilliams Co Va,  (Town, county, und state)  10. Usuat occupation House Wife  11. Industry or business	Due to Sembly - 5-yrs
Telescope Riley 12. Name Va,	Other conditions
14. Malden name Lucy E Mason Va,	Major findings of operations.
Methodist Home, H M Wilson  Gaithersburg Md	Autopsy results
Burial Date thereof 3/25/45 (Burial, cremation, or removal, Which?)  Cemetery or crematory Sudley Cemetery  Near Gainsville Va,	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director	23. SIGNATURE M. D. or other  Settlers Sauthusefung M. D. or other  Bete street 3 23/45

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APR 5 1945
BUREAU V.S.

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### 2411 N. Charles St., Baltimore 92-0.

### CERTIFICATE OF DEATH

03028 Reg. Dist. No. 2/7

LPLACE OF DEATH: Mantage	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County	1 -m
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long to above place of death?	(if outside city or town limits, write KURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Judie Fuller (	Plank 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Female Colored Single	20. DAYE DE DEATH MAR 20 19 % 5 , 81 9 . 5 . 61 9 . 5 . M
6.(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	Def Mid Loren to case 19
7. Birth date of 7 10 7 2	and that I get saw halive on
deceased (mo., day, yr.) JV 9 / J 3  8. AGE: Years   Months   Days   If tess than one day	Immediate cause of death
71 0	
	Milder My Occarded to
9. Birthplace Wash, Nqto N, P.C. (Town, county, and state)	Due to Chamin fallula tribet
10. Usual occupation House Kee Per	alessa 3.42.
THE TOTAL TO	Due to.
11. Industry or business  FROYGE Clark	
	Differ conditions. Change at the 22 pa
	(Include pregnancy within 3 months of death)
14. Maiden name Caroline Nelson  15. Birthplace Mary Jand	Major findings of operations.
E 15. Birthplace Mary Jand	Date of op.
16. Informant AddIE HOOD (COVSIN)	Autopsy results
Address Sandy Springs Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
m. 22 101/1	22. VIOLENCE: If death was due to externat causes, fill in the following;
(Burial, cremation, or removal. Which?)  Bate thereof (May) (year)	Accident, suicide, or homicide
Gemetery or crematory	Where did injury occur?
Location 20 NO 9 DEVING SI 170.	Injured at home, farm, industry, public place (where?)
18. Funeral director POBERT L. SKONLEN	Means of Injury Injured at work?
Address 246-N. Wash. St. Roc Krille	Frank I. Browthank M.J.
19. 3-23- 19.45 Sextual 2010	23. SIGNATURE Def. Mass. E. M. D. or other
(Date rec'd by registrar) Registrar	Address Satthenland Med Date signed 3 - 21. XJ

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APR 7 1945

BUREAU V.S.

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THE PERSON NAMED IN COLUMN

THE A DESCRIPTION AND

# MARYLAND STATE DEPARTMENT OF HEALTH

# 03029

# 2411 N. Charles St., Baltimore (163-70) CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Month	- Javary
City or town	1 00. 8 :11. 20
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or stroet address where death occurred:	Circal Ma
1 Klasta gloras Ma.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 1f voteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
William Norman C	larker
4. Sex 5. Color or raco 6.(a)Singlo, married, widowod, or divorced	MEDICAL CERTIFICATION
Male While Devorced	20. DATE OF DEATH MAN 27 19.56.5 21 Miles
8.(b) Name of husband or wife. Catheren (1)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	15 Def med 6 19 10 19
7. Birth date of	and that I last saw halivo on
doceased (mo., day, yr.)  8. AGE: Yoars   Months   Days   If iess than one day	Immediate cause of death
T-1	2000l
24  hrsmi	in. Mashingera ( Describe) dead in
9. Birthpiace Makeyland	Duo to Glandon monocole anto-
(Town, county, and state)	1 paining
10. Usual occupation.	Oyo toy
11. Industry or business	_   ` //
12. Name. James Planes Clark  13. Birthpiace Md:	Other conditions
13. Birthpiace Md:	(Include pregnancy within 3 months of death)
14. Malden namo Blls Verdey  15. Birthplace Md	
E 15 Birthalaca MA	Major findings of operations.
12/0/2/b.	- Date of op.
18. informant	Antopsy results
Address 2224 40 th GL. n. w.	
17 Cremateon Dato thereof 3/31/45	22. VIOLENCE: If doath was due to exteroal gauges, till in the following:  Accident, suicide, or homicide.
(Burlal, cremation, or removal, Which?) (month) (day) (year)	Whore did injury occur?
Cemelery or crematory.	(City or town) (County) (State)
Location Thangland	Injured at home, farm, industry, public place (where?)
18. Funeral director Class Reuben Trength	Means of injury Injured at work?
Address 7557 Wes. Our Belles Na	Trend Bronchast M. J.
2 21 11 Day 1. Day 1.	23. SIGHATURE
18. (Date rec'd by registrar)	Address Latherland med Oato signed 3 . 29 - 44.
// Registri	- I Augress

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STATE OF MARYLAND—CERTIFICATE OF DEATH Social Socurity no 578-24-3101 1. PLACE OF DEATH Registration Dist. No. Village or City, (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Langth of residence in city or town where death occurred If U. S. Veteran, specify WAR nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) 19845 (Month) (Day) (Year) 5a. If marriad, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That t attended daceased from 6. DATE OF BIRTH (month, day, and yaar) AO LO to have occurred on the deta stated abova, at 3:30 Am. Days If LESS than 7. AGE Months I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance of\_\_\_\_min. wara as follows: Date of onset 8. Trada, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc..... Hister 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Data deceased last worked et 11. Total tima (yaars) spant In this this occupation (month and occupation ... (Stata or country) FATHER 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?. Was there en eutopsy? MOTHER 15. MAIDEN NAME Accident, suicide, or homicide? \_\_\_\_\_\_\_ Dete of injury \_\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or tow) (State or country) deora Whara did injury occur? \_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, 18. BURIAL CREMATION Manner of injury metery Date March 6 1945 Neture of Injury 24. Wes diseasa or injury in any way related to occupetion of deceesed?\_ 19. UNDERTAKER If so, specify (Signed) Registrar.U

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Novil

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may\_be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ranswer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	Day of the late of the	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	700 S 1945	3 days ago
Other contributory causes of importance:		Other contributory c	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cospecially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

## CERTIFICATE OF DEATH

Reg. Diat. No. 213

County Moulg our 1	(For newborn infants give residence of mother)
	State Maryland county Moulovity
	City or town Spring Babe Pk - Rued Rockreil
How long to above place of lieath? 8 mouetos Hospital institution, or street address where death occurred:	doutside city or town limits, write RURAL and give nearest town)
Rockvelle teke - Rockvelle	Street No. Wald Street
	(If rural, give LOCATION) 2.(a) If veteran, name war
How long in hospital or institution?  3. (a) FULL NAME	
	3. (b) Social Security Number
	ngham 577-22-2256
4. Sex 5. Color or tace 5. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Muly Barried	20. DATE OF DEATH 34 Jack 16 194. 17 et /2:/5 P.
6.(b) Name of husband or wife.	
7. Sirth date of	and that i last saw h
deceased (mo., day, yr.) 12 auch 34 - 1890	Immediate cause of death DURATION
8. AGE: Years Months O Days If less than one day	diel
54 11 30hrsmin	
9. Birthplace Loudon Co - Vergenice	Due to.
(Town, county, and state)	
10. Usuai occopation ~ Jacobsky - A Jaludy may	Due to.
11. Industry or business	
12. Name Frank Curninghan	Other conditions
13. Birthplace Loudow Co - Va	
# 14. Maiden name Denny Mills	(Include pregnancy within 8 months of death)
14. Maiden name Jerry Mills  15. Birthptace Ulrginia	Major findings of operations.
≥ 1 15. Birthptace	- Date of op.
16. Informant Las Deady's Traver	Antopsy results
Address R F D# Rochwells - Mel	
17 Burial Bate thereof Man 19-1940	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Koelersda - Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Dry. Rouben Donoshury	Means of injury Injured at work?
	1-111
Address Go Chville - Hayland	23. SIGNATURE Trank Southast M. W.
19. 18/45 Josephine & Froullon	Des. Med. Exam. M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed 3 - 16-41

RVIATE TO TEMPORATE STATE GRADINA

APR 5 1945 BUREAU V.S. Page 1

MARYI.	AND	STATE	DEPARTMENT	OF	HEALTE
ATACANA A AL		DIALL	DELANTHER	ALK.	111111111111111111111111111111111111111

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03032

Reg. Dist. No. 216

P. PLACE OF DEATH:    County   MANAGOMPEN	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
	State May law County montagements
(If outside city or town limits, write RURAL and give nearest town)	I I I I I I I I I I I I I I I I I I I
How long in above place of death?	(12 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8 / 00 Cucto /Cd
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME WILLIAM EAR	4 DALIPYMIPLE 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W married.	20. DATE OF DEATH. MAN. 3 1945 , 21 7:30 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age 4 9 years	march 1839, 10 Mars 9 1845
7. Birth date of	and that I last saw h. Lam. elive on
deceased (mo., day, yr.)  8. AGE: Years   Monthly's   Days   If less than one day	Immediate cause of death
F2 0	Comment Declusion / Lay
3 2  min.	
S. Sirthplace	Oue to for any goden Lawrence
10. Usual occupation U.S. Law. Was Dept.	
	Due to Maleren Caraca
11. Industry or business	
E 12. Name Alls Dalrymall 13. Birthplace Chil	Dther conditions
2 13. Birthplace	(Include pregnancy within 8 months of death)
E 14. Maiden name AMAGE	Major findings of operations
15. Sirthptace Rio:	Date of on.
16. Informant Paket C. Dalyemple	Anlopsy results.
Address 5-40 8 Narwould Plat Wash. Do	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
0	22. VIOLENCE: If death was due fo external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory arlunctor and one	Where did injury occur?
aslinatore 200	Injured at home, farm, Industry, public place (where?)
40	Means of Injury Injured at work?
18. Funeral director Al. The State of the St	1 2 - 11 0
Address 290/~ /4 - N.W.	so sometime Roul And Land mix
19. 3/9 19.45 7m & Johns	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	3/30 Mis Hote and 9/3/45

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2411 N. Charles St., Baltimore (1)

# CERTIFICATE OF DEATH

()3()33 Reg. Diat. No. **2**/2

County Clif or town. Clif outside kits or town timits, write RURAL and give nearest town)  How long in above place of death? Hospital, institution, or street address when death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME Thomas Franklis Do	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  6.(b) Hame of husband or with 6.(c) If alive, give age 7. Birth date of	MEDICAL CERTIFICATION  20. DATE DF DEATH.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  14 - 18 4 3 to Survey 2 - 18 4 5 - 18 4
deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  78 7 2	Immediate cause of desth  Cardio-und-Vacandan diam  Sys. +  Due to.
10. Usual occupation	Due to
14. Maiden name  15. Birihplace  16. Informant	(Include pregnancy within 3 months of death)  Major findings of operations.  Date of op.
Address Sold Date thereot Sold Month (day) (year)  Cemetery or crematory Cemetery or crematory	PHYSICIAN: Please anderline the cause to which death abould be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
Location Seedles Ville The Electric College Co	Injured at home, tarm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  Region 2. Labeta Mad.
19. 3/23 / 1945 Mrs. C.C. Hiller (Dade rec'd by registrar) Dry C.C. Hiller	Address Parleville, and Date signed 3/23/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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NAME OF THE OWNER OWNER OF THE OWNER OWNE

APR 5 1945

BUREAU V S.

## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore

03034

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County County G. L.	
City or town (1f outside city or town limits, write RUMAL and give nearest town)	State County County
How long in ebove place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or afreet address where death occurred:	Street No. 21804 — 14 Staw (If rural, five LOCATION)
Ledarles HO augustul	1
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
May Davis	L ?
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION'
M. W. and worced	20. DATE OF DEATH. 25 18 45 21 6 5 M
P.W. War ista	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	Mar. 14 19.45, 10. Mar. 25 19.45
7. Birth date of	and that I last saw h. A. alive on Mara 25 19.45
deceased (mo., day, yr.) Feb. 19 - 1894	Immediate cause of death DURATION
8. AGE: Years Months Days if less than one day	- January
5/	L'arouse Myseordètes ?
9. Birthpiace (Town, county, 99d a tate)	Due to.
10. Usual occupation.	Due to
11. Industry or business	
12. Name	Other conditions Assistant Leaves 2
₹ 13. Birthplace	And flexible pregnancy within 8 months of death)
14. Maiden name that that the same that the	
E 15. Birthplace well for	Major findings of operations.
16. Informant Teral Dire 92 Jean	Autopsy results.
1.5.1 T - CAD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 25804-1451, West 21	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury accur?
Location alexandria Va.	Injured at home, farm, industry, public place (where?)
15 Engle	Means of Injury Injured at work?
18. Funeral director	0.000000
Address ally and a	23. SIGNATURE ( school ), Sijbadeau 1/2)
10 mar. 76 10 45 Josephine m Schoeffler	M. D. or other
(Data ree'd by registrar)	Address Dorl 1711-Silver Desse Holas signed 3/25-545

APR 5 1945 BUREAU V.S.

PLEASE

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12-01

# 03035

			(1-6)	
CERTI	FICATE	OF	DEATH	

CERTIFICAT	E OF DEATH Reg. Diat. No. 2
1. PLACE OF DEATH:  County  City or town	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infauts givo residence of mother)  State
Douglas. O Dosh.	3. (b) Social Security Number
1. Sex   [b. Color or race   6.(a) Single, married, widowed, or divorced white married.	MEDICAL CERTIFICATION  20. DATE OF DEATH WAYAR 5 19.45 21 10 A
8.(b) Name of husband or wife 3 and a Society  7. Birth date of deceased (mo., day, yr.)  Sept. 23, 1905	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.44 to March 8 19.45  and that I last saw h
8. AGE: Years Months Days If less than one day  ### 15	Immediate cause of death Tuberculosis qmo.
9. Birthplace (7gwn, county, and state)  10. Usual occupation Bonds	Due to
11. Industry or business  12. Name	Other conditions Chrome applications 345.
14. Maiden name Caralago Smith  15. Birthplace Meryland	(Include pregnancy within 8 months of death)  Major findings of operations
Address Sister D. Laco	Autopsy results
(Burial, cremation, or removal, Which?)  Cemetery or crematory	Accident, suicide, or homicide
18. Funeral director. (Lim Teches J. Burnchrey.	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
19 March 9 1945 abrida I Proble (Date rec'd by registrar)  Registrar	23. SIGNATURE MALLIE & Mourse M. D. or other Address Dawsonvelle Mod Bate signed 3/8/45

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MINARY IN STREET, TO A COURT DOOR

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APR 5 1945

BURBAU V.S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-6)

# 119190

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#### CERTIFICATE OF DEATH Reg. Diat. No. 2 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Montgomery Friendship Heights, Ch. Ch., Md. State Naryland County Montgomery (If outside city or town limits, write RURAL and give nesrest town) Friendship Heights. Chevy Chase 19 years (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where death occurred: 325 High Street (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number Isila M. Dulin 5. Color or race 4. Sex b.(a)Single, married, widowed, or divorced MEDICAL CERTIFICATION Female White Married James C. Dulin, Jr. 7. Birth date of December 4th, 1890 deceased (mo., day, yr.) 8. AGE: Months If less than one day 54 .....hrs. Washington, D. C. (Town, county, and state) Housewife 1D. Usual occupation 11. Industry or business John William Bogley Montgomery County, Md. 13. Birthplace 14. Malden na 15. Birthplace (Include pregnancy within 8 months of death) Ann Rebecca Fletcher Washington. D. C. James C. Dulin, Jr. Autopsy results ...... N. B. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 325 High St., Friendship Hgts. Md. 22. VIOLENCE: If death was due to external causes, fill in the following: Dale thereof l'arch 7th. 1945 Burial 17. Burial, eremation, or removal. Which?) Accident, suicide, or homicide..... (month) (day) (year) Rock Creek Cemetery Where did injury occur? ...... Cemetery or crematory... (City or town) (County) (State) Washington, D. Injured at home, farm, industry, public place (where?) ..... Means of Injury 1B. Funeral director. 3024 M/St. N.W. Washington D. C. Address

Registrar

APR 6 1945 BUREAU V.S.

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AVE ATTEMATION

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932)

# CERTIFICATE OF DEATH

()3()37 Reg. Diat. No. 216

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
(If outside city or town limits write RURAL and give nearest town)	State County	20000100111100001
How long in above place of death? 24 turs - Plus 40 me	Cily or town	lown)
Hospital, Institution or street address where dan occurred: Seeker acc	Street No. 1911 K. Butter 11.60	
HOTELAN CESTOC. SUG.	(If rural, give LOCATION)	
How long in hospital or institution? 34 as - 40 min.	2.(a) If veteran, name war	V
3. (a) FULL NAME	3. (b) Social Security Number	ber
Cla d. 64m	out	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
devalo w harred	20. DATE OF DEATH of March 1945 at	
LATIOLIA. V England	21. I CERIFY that death occurred on the date above stated; that rattended deceaped fr	
6.(6) Hame of husband or wife.	18/6 / 66	1845.
7. Birth date of	6.014	341
deceased (mo., day, yr.) albruars 16, 1882		OURATION
8. AGE: Years   Months   Days   If less than one day	Immediate cruse of death.	UUNATIUN
63 - 18hrs. min.	lerach-	
Congetient, 4.5		
9. Birthplace	Due to	
10. Usual occupation Housewife		
11. Industry or business	Due to.	*******************
MI INDEAD -	a brencharde	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Other conditions the Control of C	
	(include pregnancy within 5 months of death)	
14. Maiden name Best Pour Dog.	Major findings of operations.	
\$ 15. Birthplacey West Pours 15.	- Date of op.	*****************
18, Interment Hospital Reedlos- 4. 40000	Autoney results	•••••
Cr. 1 and Don off. When	PHYSICIAN: Please underline the cause to which death should be charged statist	tically.
Address DOO OU COUNTY OF TURN	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burlal, cremation, or remova, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Bridgeland Commi	Where did injury occur? (City or town) (County) (Sta	
Commercial of Clematory		ite)
Location	Injured at home, farm, lodustry, public place (where?)	*****************
18. Funeral director martin W. Tysona 60:	Means of Injury Injured at work?	
Address 1300 - N 290 · N · W. h halla · 80 · 6	Charles De Macoo. A	1.1
311	23. SIGNATURE	AF -
19. Some and by registrary Registrary	1801 Ege LAN.W. 69	mar VE

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VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimure 94-0

03038

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Monte, among	(For newborn infants give residence of mother)
City or town (If outside city or town limits, we te RUKAL and give nearest town)	State Maryland County Montymery
(It outside city of town limits, watte KOKAL and give nearest town)	City or town
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
1311 Makle St, Runden Salve Spring	Street No. 1.3.1.1 Makle St. (Runders)
How long in hospital or institution?	2.(a) Il veteran, name war.
3. (a) FULL NAME	
S. (a) POLL MAINE	3. (b) Social Security Number
Marshall ashby I	bbs   577-07-7577
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white moment.	20. DATE OF DEATH. Man 18.45 21 6.45 P. M
K A. Lie S	
8.(b) Name of husband or wife. Latherine D.	21. I CERTIFY that death occurred on the date above stated; that I oftended deceased from
7. Birth date of	Left proch, Gentle 10
deceased (mo., day, yr.) Mal - 17 00 1902	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
42 11 29hrs. min.	Dan Carl
8 7 -	and Mary Otherson Sunday
9. Birthplace Summerst - Wd (Town, county, and state)	Due to.
() calual	***************************************
. (0	Bue to
11. Industry or business was known than to over .	
# 12. Name Edung Hayden Gelles	Bither conditions
\$ 13. Birthplace Wash (no Co.)	(Include pregnancy within 3 months of death)
14. Malden name Georgea Totten Land.	
15. Birthplace Wash. NO G.	Major fiodiags of operations.
	Date of op.
16. Informant A	Autopsy results
Address 1311 Maple St. Selve Spring.	
17 Beral Date thereof was 19 1945	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemptory tart kurcolu.	Where did injury occur? (City or town) (County) (State)
Location Prince Garages Co. rud.	Injured at home, farm, Industry, public place (where?)
0200	Means of Injury Injured at work?
18. Funeral director works to building	1 1 1
Address 9435 Ga ave Silve Sinny - rud	Trank J. Browhart M.U.
2 150 110 2 8/11/10	23. SIGNATURE M, D, or other
19. man 19 19 4 J Doepline m Schalfer (Date ree'd by registrar)	Address the heart and Bate signed 3 16 45

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APR 5 1915

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BUREAU V.S.

VS A15

MA	RYI.	AND	STATE	DEPARTMENT	OF	HEALTI
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2411 N. Charles St., Baltimore (5)



# CERTIFICATE OF DEATH

03039

			1	1.	16
Reg.	Dist.	No.		Y	10

1. PLACE OF DEATH: A A TOTAL COMPANY	2. USUAL RESIDENCE (HOME) OF DECEASED:
County January	State State
City or town (If ontside city or town limits, write KURAL and give nearest town)	City or town Washington
How long in above place of death?	(If outside city or twn limits, write RULAL and give hourest jown)
nospital, institution, or street address where death occurren:	Street No
How long In hospital or institution?	2.(a) It vetoran, name war
3. (a) FULL NAME	/ 3. (b) Social Security Number
Mrs Mannis Geddle	J. (0) Social Security Number
4. Sox 5. Color or rape 6.(a) Single, married, widowod, or divorced	MEDICAL CERTIFICATION
Aluale White wedowed	20. DATE DE DEATH MARCH 22 1945 at 1.22 P.
8, (b) Name of husband or wife. Adelaset	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of doceased (mo., day, yr.) OCF 20 1870	and that t last saw halive on
8. AGE: Yours   Months   Days   It loss than one day	Immediate cause of death
74 5 3hrsmi	in the first that the state of
9. Sirthplace Blowley gras west Vergues	District Control of the Control of t
9. 8irthplace (Town, county, and state)	
10. Usual occupation.	Due to
11. Industry or business	_
12. Name 12.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Aluso Brelin  15. Birthplace (), West Des Gruelo	Major findings of operations MATTLE
21 15. Birthplace / 100 EU / 1	Date of op.
16. Informant	PHYSICIAN: Flease nuderline the cause to which death should be charged statistically,
Address 0000 (U) Hayron (O. VIII)	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Bate theroof. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Accident, suicide, or homicide
Cemotory or cromatory	Where did lojury occur?
Location Wash, W.C.	latural of home form Industry hubble along (where?)
2/7/20/20	Means of Injury Injured at work?
18. Funeral director	1 1 1 1 2 10 · 1 m
Address 5 () - 1/ A. C.	23. SIGNATURE MAN A. COOLES!
19. 3/2 2 19 45 7/m 6/000/	1835 E + Hw. West 18. 22246

APR 6 1945 BUREAU V.E. write

important.

especially

WRITE PLAINLY,

correct

legibly.

. PLACE OF DEATH:

How long to ebove place of death?.....

How long in hospital or institution?.....

Hospital, Institution, or street address where death occurred:

County monta

3. (a) FULL NAME

deceased (mo., day, yr.) -

60

10. Usual occupation. 11, Industry or business

13. Birthplace

14. Malden name 15. Birthplace

Years

8. AGE:

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIF	TTOATT	OF I	OF A PER I
C.P.R I IF	IL.A.F.		JP.A I H

Reg. Dist. No. 216 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? ...... (City or town) (County)

Injured at home, farm, Industry, public place (where?) .....

Injured at work?

(month) (day) (year) Registrar

(If outside city or town limits, write RURAL and give nearest town)

Days

If less than one day

.....hrs.

Means of Injury



ASSESS THE REST OF THE PARTY OF

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

# CERTIFICATE OF DEATH

03041

			210	
Reg.	Diat.	No.	217	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Howard
(If outlide city or town limits, write RURAL and give nearest town)	Sity or town Highland
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
The Montgomery County General Hospital Sue	(If rural, give LOCATION)
How long in hospital or institution? 28 days.	2.(a) It veleran, name war
3. (a) FULL NAME	
3. (b) FOLL NAME	3. (b) Social Security Number
Mrs. Gertrade Harding	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or differed	MEDICAL CERTIFICATION
la l	n / = 120
Female white of Widowed.	20. DATE OF DEATH March 5 19.45 21 P.
6.(6) Hame of husband or wife Jakon Handring	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	2-lb-2- 1945 to March 5 1945
7. Sirth date of	and that I last saw h &c. alive on MAKEL 5- 18.45
deceased (mo., day, yr.) June 18, 1878	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
1.1 (1 10	acute myocarains days
66 7 //hrsmin.	
9. Birthplace Day ton, Howard County, Maryland (Town, county, and state)	Due to
(Town, county, and state)	che ulcerative ed
10. Usual occupation / Lause Keepel	
	Due to
11. Industry or business	GNIC
12. Name Bowie Johnson  13. Birthplace Dayton, Maryland.	Diher conditions
I 13. Birthplace Dayton, Maryland.	
M Control of the cont	(Include pregnancy within 3 months of death)
14. Maiden same Louise Thompson  15. Sirthstace Day tou, maryland	Major findings of operations.
\$ 15. Birthplace Dayton, Maryland	
16. Informant Haspital recolds.	Autopsy results
Address	
Busial Man 7/945	22. VIOLENCE: tf death was due to externat causes, fill in the tollowing:
(Burial, cremation, or removal. Malch?)  (Burial, cremation, or removal. Malch?)	Accident, suicide, or homicide
Cemetery or crematory MT. Juan Gnetty	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Haghlands and	Injured at home, farm, Industry, public place (where?)
De Hearnholdens.	Means of injury injured at work?
18. Funerat director	. *
Address College Class, Mcd.	The sh Time bleson
7 - 4-069	23. SIGNATURE M. D. OR
19. 5 - 1945 Xentuck dawen	Sandy Spring Md 3/5/45
(Date rec'd by registrar) Registrar	Address Sandy Spring Md Date signed 3/5/45

APR 7 1945 BUREAU V.S.

# PLEASE WRITE PLAINLY, WITH UNDEADING INK. Supply every item of information carefully. The confect age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

# CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: The state of	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County foulgaming	
	(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)  [R.F. Z. Selson Harms Md.	
	Street No. (If rural, give LOCATION)	00
and the state of t		
How long In hospital or Institution?	2.(a) If veteran, name war	-
HARRY G. HARDING	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M. W. Married.	20. DATE DE DEATH 2005 A.	ı.M
6. (6) Name of husband or wife. Beptha D. Harding	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	,-
	The state of the s	5-
7. Birth date of deceased (mo., day, yr.) August 24, 1893	and that flast saw h. Mailre on MAY 2 19	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
11 / 7	Denih le and	
	Dang Sang	V_
9. Sirthplace	Due to.	
Farm Fe	VY revenusion mign	000
1D. Usual occupation. FARMER	Due to	1
11. Industry or business		
12. Name JACKSON HARDING.	Bther conditions	
13. Sirthplace		
	(Include pregnancy within 3 months of death)	
10 11	Major findings of aperations.	
	Bate of op.	
18. Informant MRS BERTHA D. HARDING.	Autopsy results	*****
Address FAIRLAND, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	-
B.: 0 March 1,945	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?)  Date thereof. (Month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Union Gemetery	Where did injury occur?	
Location Bustonsville, My	Injured at home, farm, Industry, public place (where?)	+00000
Carry A De Carr	Means of Injury lojured at work?	
18. Funerat director		
Address 254 Carroll St., Tabonic Vark, N. 6	23. SIGNATURE Chases umbleson	04400
19. Mar. 3 19 45 Josephine m Schaeffe	Address Sandy Shring In Date signed 3 > 3	45

APR 5 1945 BUREAU V.S.

VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

03043

County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  (If outside city or tawn) mits, write RURAL and give nearest town)  Street No  (If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	
Dirid a High	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or Afforces	MEDICAL CERTIFICATION
made white married	20. DATE DE DEATH Mar 3 1 19.85 - at 7:15 A.
8.(6) Name of husband or wife. Ratherina Te  S.(c) If alive, give age 66 years  T. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	- And -
hrsmin.	Coronary occlusion suddel
9. Birthplace (Town, county, and state)	Bue to.
10. Usual occopation.	Due to.
12. Name	Other conditions Aughententian 2 Jan
14. Malden name Morgaret Milcahy  15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations.
my B. of	- Date of op.
16. Informant	Autopsy results
Address  17. Best Date Thereof (mosth) (Jay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Mt. Oliver Chin.	Where did injury occur? (City or town) (County) (State)
Location Wash. D. C	Injured at home, farm, industry, public place (where?)
Ina Paule Tu she	Means of Injury Injured at work?
19. Funeral director	Thank & Broschart M. J.
Address 7557 Wes. Clue Belleste	23. SIGNATURE
19. (Date recistry) 19 4 S Mm 6 September 19. (Recistry)	Address Michaelma washate signed 3.3/ - 45

HARTLAND STANS DEPARTMENT OF PEACHER

APR 6 1945
BUREAU V.S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 196)

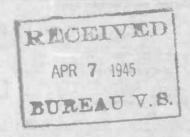
# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County-Montgomery	State Maty and county Manatgomory
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
montgomery County Veneral Hospital	(If rural, give LOCATION)
How long in hospital or institution? 15 Days.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Josephine Hill	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female Colored. Single	20. DATE OF DEATH March 23, 19 45, at 2:55.
S.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of C L years	Deb 21 - 1945 10 male 23 - 18 40
7. Birth date of deceased (mo., day, yr.) September 11, 1942	and that I last saw h. A. alive on MAN 2 3 - 45 19.
8. AGE: Years Months Days If less than one day	Immediate cause of death
2 6 12hrsmla.	Sitargrennona Glays
9. Birthplace Olney, Montgomery Co, Md. (Town, county, and stete)	Due to Philomonary tuberculosis Geolog.
(Town, county, and stete)	- Acada Ellicott's letter, July 5, 19.45
10. Usual occupation. Child	Due to
11. Industry or business	
12. Name James Hill 13. Birtholace a shton-ma.	Other conditions Strepta coase Theat 3 was
I 13. Birthplace ashton-md.	+ bilateral atitis media
# 14. Maiden name Q/ice Bell	(Include pregnancy within 3 months of death)
14. Maiden name alice Bell 15. Birthplace Norristown - Pa	Major findings of operations
	Date of op.
18. Informant IIOSPITAL STOCOTAS	Autopsy results
Address Olney, md.	
17. Bural (Burial, cremation, or removal, Which?)  Date thereof (mooth) (day) (year)	-22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory Sandy Spring	Where did injury occur?
Location Sandy Spinles, Sol	Injured at home, farm, industry, public place (where?)
18. Funeral director Robert & Surviden	Means of Injury Injured at work?
	. 70 0
Address 2 4 6 . n. Work. St Krekents	23. SIGNATURE Kasos imbleson
19 3 - 24 - 1945 Dantude B. Lawlo	Entress Sauly Spring 3 1 Bate stand 3 - 24 - 4
(Date rec'd by registrar)	American State of the State of

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



Physicians: please write

important.

especially

VS A15

Supply

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

03045

Reg. Dist. No. 214

#### 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Wortgon State Mary land. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: " B. Canant (If rural, give LOCATION) How long in hospital or institution?..... 3. (a) FULL NAME 3. (b) Social Security Number HEZ . S. HOPKINS more 4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 19/15 at 7 3 0 / M 6.(b) Name of husband or wife Kw a 8 m 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 3/29/ 7. Birth date of an 23 nd. 1855. deceased (mo., day, yr.) 8. AGE: If less than one day 90 .....hrs. (Town, county, and state) 11. Industry or business 12. Name...... 13. Birthplace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 16. Informant Mrs archus & Co livestie. PHYSICIAN: Flease underline the cause to which death should be charged statistically. Address Belmont - Edmer. Wd 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Ju. 18 1945 (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Comanesuelle Location Coranes ville Ence Co Injured at home, farm, Industry, public place (where?) ..... Injured at work? Means of Injury Address & & 5 & Ga Que - S 23. SIGNATURE. Josephine m. Schoel ker M. D. or other

MAY 3 1945
BUREAU V.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

# HEALTH (13046)

# CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
county Mant gamery	
City or town	State Mary Lound County Mantgamery
Now tong in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
The Montgomery County General Hospital du	Street No
How long in hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Henry J. Kelly	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Col. Single.	20. DATE DE DEATH March 5 19.45 at 6:30P M
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date shove stated; that I allended deceased from
	March 5 1945 10 March 5 1845
7. Birth date of F. J. Strib date of J.	and that I last saw h.J.M. aliye on Darch 5- 18.4.5
deceased (mo., day, yr.) Illurary 10, 1911	Immediate cause of death Acuts carles DURATION
8. AGE: Years   Months   Days   If less Ihao one day	
28hrsmio.	1
9. Birthplace SILVER Syring Montg. Co. md.	Due to China myreally 2041
10. Usuat occupation	Due 10
11. Industry or business	
12. Name	Other conditions
≦ 13. Birthplace — — — — — —	(Include pregnancy within 3 months of death)
# 14. Malden name	Major findings of operations.
14. Matden name S 15. Birthplace	major nadings of operations.  Bate of op.
16. Interment Hospital record	
	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which)  Bate thereof. March (asy) frear)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Sunt Stake max.	Injured at home, farm, Industry, public place (where?)
18. Funeral director P. L. Samen Lynn A.	Means of Injury Injured at work?
Address 246. M. Wash, St. Rockulle	23. SIGNATURE.
3-6- 45 Int ak Long	M. D. or other
19. 5-6-1945 Lawle Tawle Registrar	Address Sandy Spring, Md Bate signed 3/5/45

APR 7 1945 BUREAU V.S.

2411 N. Charles St., Baltimore



# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	State D. C County
Cily or lown	City or town Washington
How long in above place of death? 20 days	(If outside city on them limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred: Hospital	Street No. 243 Farragut St. N.W.
of days	
How long in hospital or institution? 26 days	2.(a) t1 veteran, name war.
Therese Karska-Kukacka	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. Mar. 13 - 18 45 , at 6:30 P.M.
8.(b) Name of husband or wife. Joseph Karska Kukacka.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  19.45. 10. Mar. 13-  19.45
S.(c) If alive, give age years	and that I last saw h. E.T. alive on M. A.T. 13 - 19.4.5
7. Birth date of deceased (mo., day, yr.) Mar. 21 - 1872	Immediate cause of death Q arcinous a DURATION
8. AGE: Years   Mooths   Days   If less than one day	of Coloks 5mo.
72 11 17hrsmia.	
	Generalized metastasis
8. Stripplace Mevdorf, Czechoślova Kia	of carcinous
10. Usual occupation tousewite	Bus to
11. Industry or business	005 (0
	Other conditions
Z 13. Birthplaco LC Z CCNOSIOVAN 19	(Include pregnancy within 8 months of death)
14. Maiden name Increse Hovor Ka  15. Birthplace Czechoslova Kia	Major findings of operations.
\$ 15. Birtholace Czecho, Sova Kia	Date of op.
16 Informant Kusband of deceased	Autopsy results Caroinoma Colan, Omentum brench
Address 243 Farragut St. M.W. Wash. D.C.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Gremation Resident 17.1945.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or penoval. Which?)  (Burial, cremation, or penoval. Which?)  (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Gallar Hill Granustons	Where did injury occur?
0 - 0 = 0	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director	Dec as J.D. D. A
(Address) (Choanal) (SV. Talona Var)	Mallace Willook M. D
4 11 111 1150	23. SIGNATURE D. D. or other 2-12-45
19	Address Date signed 3-13-43
	1940000 1914, 119

APR 5 1945
BUREAU V.S.

PERSONAL PRINCIPAL STATE OF THE PRINCIPAL OF

2411 N. Charles St., Baltimore 832

03048

# CERTIFICATE OF DEATH

Rog. Dist. No. 216

Mont.				(For newborn infants give residence of mother)  State		
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)				Andington		000000000000000000000000000000000000000
How long in above place of Hospital, Institution, or died enrou	of death? die etreet address where te to US 1	ed enro death occurred laval H	ute : losp., Bethesda, Md	(If outside city or town limits, write RURAL and give nearest town)		
How long in hospital or	Institution? died	l enrou	te	2.(a) If veteran, name war	***************************************	V
3. (a) FULL NAME	L	NDERS,	Barbara Holman		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Slogic	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
female	W-US	ma	rried	20. DATE OF DEATH Mar. 2:	2- 1954.5.	., at .2.30.P.M
6.(6) Name of husband or wife				21. I CERTIFY that death occurred on the date about 19	ve stated; that I attended dece	ased from
deceased (mo., day, yr.	) ZI Me	Days	i If less than one day	Immediate cause of death		DURATION
8. AGE: 24	10	1	hrs min.	Cerebral ent	- l	2.600
10. Usual occupation  11. Industry or business	housewife	3	tate)	Due to		
900	liam J. H unknown	olman		Other conditions		***************************************
14. Malden name  15. Birthplace	Ruth Burk	e		(Include pregnency within 8 m		
16. Informant husband: Albert C. LANDERS, Lt. (SC) US						
Address 1302 S. 36th St., Arlington, Va.  17. removal (Burial, cremation, or removal. Which?)  Date thereof 3-22-15 (month) (day) (year)				22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date ot	
Cometery or crematory				Where did injury occur? (City or town) Injured at home, farm, industry, public place (wh	ere?)	
18. Funeral director	H. HINE	S		Means of Injury	Injured at work?	<u> </u>
Address 2901 ] 19. 3-22-1; (Date rec'd by reg	4th St.,	N. W.	Charlotte Smith Charlotte Smith Registrar	111 10	Broschae M. D.	or other

DULLAND TO THE PRESENT OF PERSONS OF

THE ASSESSMENT OF THE PARTY.

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PROFESSION NOW AND ADDRESS.

APR 6 1945

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/20 CERTIFICATE OF DEATH

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		1
er. Dist. No.	21	6

	Reg. Diat. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State May and County Mantagament  (If outside ofty or town limits, write RURAL and give nearest town)  Street No. 3. Alamana and Market Ma
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  2D. DATE OF DEATH 5-14 19 45 at 11 30 M
6.(6) Name of husband or wife. Tellul E. Lannung.  8.(c) If alive, give age 6 years  7. Birth date of deceased (mo., day, yr.)  4. Language 7. Languag	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  15
8. AGE: Years Mooths Days It less than one day  74 22 hrs. min.  8. Birthplace (Town, county, and state)  10. Usual occupation.  Beal Estatu	Coronary Heart Purease May -19: 840 10 Generalized asterorderon: March 19: with Cardio Renal disease 10 yrs
11. Industry or business  12. Name	Other conditions Aprileus (Include pregnancy within 3 menths of death)
16. Informant. Mrs. Edward Yardly	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17. But 19. Date thereof 9. 1745 (Burial, cremation, or remyval. Which?)  Cemetery or crematory	22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide
18. Funeral director Los Cines Bethe Ida Address 2557 Wis Cine Bethe Ida 19 3/16 19 45 9m 5 Oolog Med	Injured at home, farm, industry, public place (where?)  Means of injury  1. Signature  M. D. or other

APR 6 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

should state vitem of inforof OCCUPA. Exact statement LY, WITH UNFAITING INK-THIS IS A PERMANENT RECO AGE should be stated EXACTLY. properly classified. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PL

STATE OF MARYLAND—CERTIFICATE OF DEATH 03050

1	PLACE OF	DEATH			107)	
	County	Wontsomery Co	unty		Registration Dist. No. 2/	3.
Village or City Rockville, Md.					No. 500 M. Monts onery Ave. St., f death occurred in a horpital or institution, give its NAME instead of street and	ward (
					ds. How long in U.S. if of foreign birth?yrsm	
2		E Miss Lat : No. Sandy S	pring, Mo	1.	If U. S. Veteran, specify WAR	
phocets	PERSONA	I AND STATIST	(Usual place		MEDICAL CERTIFICATE OF DEATH	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX				RIED, WIDOWED,	21. DATE OF DEATH  Narch  (Month)  (Day)	., 1945
5a.	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended Nov. 17 19 38, to March 19	
6. 1	DATE OF BIRTH (m	onth, day, and year) J8	n. 1, 186	5	Hast saw h er alive on March 19 ,1945	; death is said
7. /	AGE Years Months Days If LESS than 1 day, hrs. or min.		to have occurred on the date stated above, at 7.35.2m.  The PRINCIPAL CAUSE OF DEATIF and related causes of Importance ware as follows:	Date of enset		
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc					Pneumonia-broncho	3/5/45
OCCUPATION				me (years) It in this		
12.		or town). New Yo			Dthar Coutributory Couses of Importance:	
2		ncis W. Legge			Arteriosclerosis, General	
FATHER		city or town) New Yo			Name of oparation Date of What test confirmed diagnosis? Was thera an	
ER	15. MAIDEN NAME	Laura Lace	y Acker		23. If death was dua to external causes (VIDLENCE) fill in also the following	:
15. MAIDEN NAME Laura Lacey Acker 16. BIRTHPLACE (city or town) Kalamazoo (State or coun'ry) Michigan					Accident, suicide, or homicide? Date of Injury  Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANTARS. Milton H. Bancroft (Address) Sandy Spring, Md.					Spacify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PL	ACE.
Place Eday Tul Date May 22, 1943				122.1943	Mannar of Injury	
19.	UNDERTAKER _ (Addrass)	m. Trute	w time	ryland	24. Was disaasa or injury in any way related to occupation of decaasad?	0
20.	FILED 3/2/	10/5 Tole	Think D	Apollon Registrar.	(Signad) Rockville, Md.	CLOSED
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.	

## UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

ADDITIONAL SE	ACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIA	N
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## MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 30-2 CERTIFICATE OF DEATH

		2 /	
Reg.	Dist.	No. 216	

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infante) give residence of mother)  State
M C married	MEDICAL CERTIFICATION  20. Date of Death 3 - 21 19 45 at 6:20 A M
8.(b) Name of husband or wife. Bessie.	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from 3 - 15 19 45, to 3 - 2 1 19 45
7. Birth date of deceased (mo., day, yr.) April 6, 1890	and that I last saw h. A.M. alive on
8. AGE: Years Months Days 11 less than one day 54 11 16	Immediate cause of death DURATION Cerebral Thrombasis 10 days
9. Birthplace Maryland (Town, county, and state)	Oue to Locatro aortilis
1D. Usual occupation. Farmwork	Due to Aupphilis
11. Industry or business	
12. Name Wed Magruder Maryland	Other conditions
	(Include pregnand within 8 months of death)
14. Maideo name	Major findings ol operations
¥ 15. Birthplace Maryland	Date of op.
16. Informant	Autopsy results
17. Buria   Date thereof March 24 1945 (Burial, eremation, or removal. Which?)	22. VIOLENCE: 11 death was due to external causes, 1ill in the following:  Accident, suicide, or homicide
Cemetery or crematory 4110010 Park	Where did injury occur?
Location Rock XIIIE, Mary and	Injured al home, 1arm, Industry, public place (where?)
18. Funeral director BOBEKT HI SNOWDEN	Means of Injury Injury Injury Injured at work?
Address 246-N-Kash, St. Rockville, Med	23. SIGNATURE JORIFI JAMES MARINE MA
19. 3/24 19.45 7m & John & Registrar	Address 1801 - Ege NN.W Date signed 9 - 2/1 (5)

BY INCH NO SHEW THAT IT IT ON A TYPING

A Day of mineral

APR 6 1945
BUREAU V

WRITE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //

03652

Reg. Diat. No. ....

#### CERTIFICATE OF DEATH

Street No .. (If rural, give LOCATION) 2.(a) If veteran, name war..... 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from (Incinde pregnancy within 8 months of death) BHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing: Accident, sulcido, or homicide..... Where did injury occur? .....(City or town) Injured at home, tarm, industry, public place (where?) ...... Means of Injury 23. SIGNATURE

1. PLACE OF DEATH: limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where death How long to hospital or institution?..... 3. (a) FULL NAME 4. Sex 5. Color or race 8.(b) Name of husband or wife .... 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: (Town, county, and etate) 1D. Usual occupation.... 11. Industry or business 13. Birthpiace 14. Maiden na 15. Birthplace 14. Maiden name (Barial, cremation, or removal. Which?) month) (day) (year) THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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# MARYLAND STATE DEPARTMENT OF HEALTH

	TE OF DEATH  Reg. Diat. No. 214
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
3. (a) FULL NAME Lucy me Cy	Albina . 3. (b) Social Security Number
4. Sex  5. Color or race  4. Sex  5. Color or race  6. (b) Name of husband or wife  8. (c) If alive, give age years  7. Birth date of	MEDICAL CERTIFICATION  20. DATE DF DEATH 19.45 at 18.21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19.45 at 19.4
8. AGE: Years Months Days If less than one day  6. 3	Immediate case of death DURATION  Charles M 40 Caratta  Due to Commany Shares Commany
10. Usual occupation	Due to
14. Maiden name. Melania C. Bakana 15. Birthplace C. Raeles Courty, med	(Include pregnancy within 3 months of death)  Major findings of operations
Address 2/0, L. S. S.W. Wash. N.C.  17. Burial, cremation, or removal. Which?  Bate thereo1. March. 5/19/5.  (Burial, cremation, or removal. Which?)	Actopsy results.  PHYSICIAN: Please coderline the caese to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Location Sulfus Space State State Space State State Space State Space Space State Space Sp	Where did injury occur?
19. Mar. 3 1945 Josephine m. Schaeffer (Dato rec'd by registrar)	23. SIGNATURE Colou B. Le Conste M. D. or other Address Whe alon Md Dato signed 3/4/45

BY DESIGN OF THE PERSON OF THE BOOK PLANE.

REPORTED TO A PROPERTY SERVICE

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BUREAU V.S.

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7 bis case bad not brun recently under medical come. I sow him in emergency Today, only. Cause & of death is or stated in never I tide and is forfally logal. The they wed. Renolation Nation APR 5 1945 BUREAU VS.

2411 N. Charles St., Baltimore 93.3

# CERTIFICATE OF DEATH

Reg.	Dist.	No.	216
14-8.			

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
City or lown (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?	State Maryland County Manual  City or town Chery Chart Trad
Hospital, Institution, or street address where doubt occurred:	Street No. 607 East Statistics St.
How long in hospilal or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Marcha P. Mc	Zeod 3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced   4 male white   widowed	MEDICAL CERTIFICATION  20. DATE OF DEATH MARCH 3 19.45 at 4 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from  Fc b. 20 19.45 to May. 3 19.45
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. S. Y. alire on May: 3
8. AGE: Years Months Days It less than one dayhrsmin.	Immediate cause of death  Cerebral Thrombourn 11 days
8. Birthplace	Due to artenus leute Heart 5 mm
10. Usual occupation. Housewife.	Due 1c.
12. Name C. W. Cartley 13. Birthplace Ma.	Other conditions
14. Malden name. Mancy Dyer.  15. Birthplace MA	(Include pregnancy within 8 months of death)  Major findings of operations.
\$ 15. Birthplace 700.	Date of op.
18. Interment Mrs. Manay M. Robinson	Autopsy results
Address 607 Last (Shornar all St. 17 Shira malast Bate thereof 3/4/45 (Burial, expression, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide
Cemetery or crematory Slegansun Jerlas	Where did injury occur?
18. Funeral director Com Rouben Pumpher	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Address 7557 Wis. ave. Bethestof The	23: SIGNATURE Planely Kingar M.D.
19. 3/4 19.45 m E Soles Resistrar	Address Mary Clare Notes Date signed 3/3/45

APR 6 1945

BUREAU

JARYLAND	STATE	DEPARTMENT	OF	HEALTH
TANKA T WAS STATE	DIALL	APAGE STATE I STREET I	1/1	A P A . C & D . S . S . S

2411 N. Charles St., Baltimore 195-1

# CERTIFICATE OF DEATH

			-		./	
Reg.	Diat.	No.	1	1	4	

X. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County	
(If outside city or town limits write RURAL and give nearest town)	State County Many
	City or town Alexa April
How long in above place of death?	(If outside city or town limits, write RURAZ and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 915 Heron Dr
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
//a.d 1 - 1 m	de (a) passed popular a summer
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	
o. Color of face o. Col	MEDICAL CERTIFICATION
female while some	20. OATE OF DEATH 2 19 45 at 4:30 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive give age	Jefs. 19. 19. 10. 19.
7. Birth date of	and that I last saw h. alive on the case 19.
deceased (mo., day, yr.) Auc. 3/ /94X	Immediate cause of death
8. AGE: Years Months Days It less than one day	
2 /hrsmin.	
mal	Man Man Sunday
9. Birthplace	Due to Manhae Constitution
	and the same of th
10. Usuat occupation	Due to
11. Industry or business	
12. Hame Harold a Money	Attack and the second s
	Other conditions
2 13. Birthplace Which De	(Include pregnancy within 3 months of death)
# 14. Maiden name Eleanor Lyle	
15. Birthplace. War De	Major findings of operations
	Dato of op.
18. Informant March a Musica	Autopey results.
Address 915" Heron &t. Sites span	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buil Mar & calif	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remodal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide the allege Date of 3 - 2 - 71.
14 to an alone	
Cemetery or crematory	Where did injury occur?
Location Joy Line Vishington D.C.	Injured at home, farm, industry, public place (where?)
18. Fueral director de Outher Idalletia	Means of Injury Injured at work?
and and all of wall and	F. 1 Broschart M. J.
Address Dy Carroll St., Hells City	or Constiller
19 mar. 2 1945 Josephine m. Schaeller	M. D. or other
(Date rec'd by registrer)	Address Texather terry Md Date signed 3-2-45

AFR 5 1945

BUREAU V.S.

### 2411 N. Charles St., Baltimore Ro

()3()57 Reg. Dist. No. 216

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDEN	ICE (HOME) 0	F DECEASED:	
Rethesda (numal)	••••••••••••••••••			nty	
(If ontside city or town limits, write RURAL a  Rew long in phase place of death?  2 months & 7	nd give nearest town)		WAS COT DOT ON		
How long in above place of death? 2 months & 7	days	City or town(If out	ide city or town ilmits	, write RURAL and give r	esrest town)
Hospital, Institution, or street address where death occurred:		1930	37th St.	N. W., W	
US Naval Hospital, Bethesda,	Md.	Street No	(If rurai, give		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
How long in hospital or institution? 2 mons & 7 da	ys	2.(a) if veteran, name wa	r	·	V
3.(a) FULL NAME MURPHY, John	n Joseph, Chie	ef Quarter Ma Retired Inac	aster USN	3. (b) Social Securit	y Number
4. Sex 5. Color or race 6.(a) Single, married	, widowed, or divorced		MEDICAL CI	ERTIFICATION	
male W-US marrie		20. DATE OF DEATH	1 March	19 45	05:15 a
6.(6) Name of husband or wife. Mrs. Anna K. Mu	rphy	21. I CERTIFY that death	occurred on the date abo	ve stated; that I attended de	ceased from
A / A W / W		24 Dec	219	Lili 10 1 Mar	ch 19.45
7. Birth date of deceased (mo., day, yr.) 30 May 1886	give ageyears	and that I last saw h in			19.45
		Immediate cause of deat	myoca	rdial	DURATION
0	s than one day	Parliera			30 min
	hrsmin.	1			
9. Birthplace		Due to Musico	och laster	anction	30 min
(Town, county, and etate)		0		1	
10. Usual occupation. Navy	***************************************	Punto Carena	ne Selen	min	3-5 years
11. Industry or business		Duc IV			6
12 Name James A. Murphy		Other conditions	بالتاميد ولا	o, chulelilli	La Al'A
12. NameJames. A Murphy					V. Jana
		Chaladad (Include			
14. Malden name Mary Ann Fitzpatric. 15. Birthplace Ireland	K	Major findings of operat	ion Chalec	seleto Belia	- N-4
2 15. Birthplace Ireland		calculi in	emmon bee	Date of op	•
18. Informant Wife: Mrs. Anna K. Murph	y	Autopsy results	***************************************		
Address 1930 37th St., N. W., W	ash. D. C.	PHYSICIAN: Please nne	derline the cause to wh	ich death should be charge	ed statistically.
		22. VIOLENCE: If death	was due to external cau	ses, fill in the following;	
17. burial Date thereof 3 (Buriai, cremation, or removal. Which?)	-5-45 month) (day) (year)	Accident, suicide, or hom	lcide	Date of	*******************************
Cemetery or crematory Arlington National		Where did injury occur?		(0	/Ohnha)
Arlington, Va.				(County)	(State)
	0	Means of Injury	nazity, papite prace (wi		
18. Funeral director. Wm. R. Pumphrey 5		means of injury	VI Sanori	ende (NC)	Buk
Address Wis., Avenue, Bethesda,	Md . 0 . 00	1	W. Sager.	Comdr. (MC) U	ISNR
19. 3-1- 18 45 Mary Char	otte Smith	20. SIGNATORE	••••••	М. Г	or other
(Date rec'd by registrar)	Registrar	Address US Nava	l Hospital	, Bethesda, Md	3-1-45

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 95-0

# CERTIFICATE OF DEATH

03058

Reg. Diat. No......

County	City or fown
3. (a) FULL NAME Melville . W. Mur	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married.	MEDICAL CERTIFICATION  20. DATE OF DEATH.  3/24/45- 19at 4 A. M.
6.(b) Name of husband or wife	and that last saw h A Talive on Manual 19 13
8. AGE: Years Months Days If less than one dayhrs	Immediate cause of death DURATION  Acut Sulstate Dead 3
9. Birthplace	Due to Due to
11. Industry or business	Due fo
12. Name. College 13. Birthplace Level 13. Birthplace	Other conditions
14. Malden name Week Sources  15. Birthplace Wash, D. C.	Major findings of operations
Address 7817 Haralown Rd.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or renjoyal, Whitch?)  Date thereof 3/28/45  (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory Allender & Commeters of Commeters & Commete	Where did injury occur?
18. Funeral director. Com Quelans Gumphre	Means of Injury Injured af work?
19. 3/16 19.45 7m 6 00000	28. SIGNATURE De I Comment M.D. or other  Address 80/6 lungte and Bate street 3/24/45

APR 6 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 310

# CERTIFICATE OF DEATH

03059 Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
1.0 () 433-1	State Ingl County Montgomen
(If outside city or took limits, write RURAL and give nearest town)	City or town Sife String had
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
9510 woodley are	Street No. 9.5/0 wordly due (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles Richard Mixon	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married.	20. DATE OF DEATH Isaach 9 1945 at 7:30 Pin
B.(b) Name of hoobead or wife Imas Luce K. hix on	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
7. Birth date of San	1943 10 March 9 1945
7. Birth date of deceased (mo., day, yr.) Dec 29, 1873	and that I last saw have allive on 7 12. 20 19.45
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
71 2 9nrsmin.	angua selous 8 yrs
9 Rithniaco Port Horse Outario Como	VQue fo.
9. Birthplace	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name Charles Richard hixon	Other conditions Coulds - Device
	(Include pregnancy within 8 months of death)
14. Maiden name Jane Orish 15. Birthplace —	Major findings of operations.
\$ 15. Birthplace V°	major indicates of operations.
16. interment Zees H. S. Stephens	Antopsy results
Address 9510 handley and	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
17 Burial Date thereof March 13, 1945	22. VIOLENCE: if death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery memorine Heorge Washington Momorial	Where did injury occur? (City or town) (County) (State)
Location Rigge lond ma.	Injured af home, farm, industry, public place (where?)
18. Funeral director Warner & Pumpbrey	Means of injury injured at work?
Address Silver Spring, Md.	Marion Sanghed MAD
7 1000180	23. SIGNATURE M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address (Silver Driver 200 Date signed 3/9/45

APR 5 1945 BUREAU V.S.

2411 N. Charles St., Baltimore Ba

# CERTIFICATE OF DEATH

County Co	State County County County County City or town (1f gutside city or town limits, write RUBAL and give nearest town)  Street No. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME  SARAH  LOUELLA  4. Sex  5. Color or race  6. (a) Single, married, wildowed, or divorced	- OTTERMAN  3.(b) Social Security Number  MEDICAL CERTIFICATION
1- Widowered	20. DATE DE DEATH. Mar. 6 19 (1 - at 5-P. M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
9. Birihplace	Due to
13. Birthplace ( Ferring 14. Maiden name Adelia Wieden 15. Birthplace Penna Otto 15. Birthplace	(Include pregnancy within 8 months of death)  Major findings of operations
16. Informant	Actopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Commetery or crematory  Location  18. Funeral director To SH Henry  Commeter of the SH Henry  Co	Where did injury occur?
Address 3-901-14th Students  19. 3-6 (Dute rec'd by registrar)  Registrar	23. SIGNATURE.  Stille  M. D. orother  Address.  Date signed 3/6/45=
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APR 5 1945

BUREAU V.

2411 N. Charles St., Baltimore 942

03661 Reg. Dlat. No. 223 -

# CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Mozildosseld	70
(If outside city of town limits, write RURAL and give nearest town)	State Make Acounty
ow long in above place of death? 21 4245	City or town (If outside city or town limits, write RURAL and give nearest town)
ospilal institution, or street address where doubth occurred:	greet No. 69 26 Willow SI.
2/ ///	(if rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war.
Ox Control File	3. (b) Social Security Number
Sex   5. Color of face   6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
/ 1/1/ 51.1	MEDICAL CERTIFICATION 1 - 440
remale While Dinole	20. DATE OF DEATH
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	3 19 3
Birth date of deceased (mo., day, yr.) 1/24.7. 2. 1869	and that I last saw h
. AGE: Years   Months   Days   Viess than one day	Inmediate cause of death BURATION 3 Larp
76 16	
(Ford william Ohio	Bue to Ten ar hundlerons.
Birthplace (Town, county, and state)	
O. Usual occupation Denasyapher - Yelived	Bue to by or Tadic vermon 3days.
1. Industry or business	
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	
15. Birthgiace /	Major findings of operations
Varaite Varavala	Autopsy results.
7/	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address ( 72' , 27 , 04's	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (yeor)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
ession Sattle Creek, mich.	Injured at home, farm, industry, public place (where?)
Rether 3 de Ation	Means of Injury Injured at work?
8. Funeral director.	3/ 5/
Address Sarroll Di All July July	23. SIGNATURE Toward of more him
9 Mar 18 1945 J Hillian Road	M. G. or other
(Date rec'd by registrar)	Address Carret Land

APR 5 1945
BUREAU V.S.

The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Nog. Dist. 11042-2-4
1. PLACE OF DEATH:  County  City or town  (If outside city or toyn limits, write HOSAL NEAR and give town)  Street address, haspital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn interits give yisidence of mother)  State County  City or town (If outside city of then lights, write RURAL NEW and give town)  Street No.  (If rural give LOCATION)  2(a) IF YETERAN, NAME WAR
3. (a) FULL NAME Frank Mation For 4. Sex Sex Scolor or race 6. (a) Single, married, widowed, or divorced Westoweak.  6 (b) Name of husband or wife Seabella B Fage	MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  20. DATE OF DEATH  MARCH 7 1945, at 7 1945
7. Birth date of deceased (mo., day, yr.) Noosaba   1856  8. AGE: Steam   Months   Days   If less than one day   I	21. I CERTIFY that death occurred on the date ebove stated; that I attended deceased from  19.35 to March 27 19.45.  and that I last saw h alive on March 27 19.45.  Immediate cause of death Cold Salvine DURATION  DURATION
9. Birthplace Taceron County, and state of the New 10. Usual occupation Clerical Network.  11. Industry or business armer 12. Name Horace Francis Tage.	Oue to  Other conditions Or love - Slavelie displacement
14. Malden name Jane Without Virginia  15. Birthplace Richmond Virginia  16. Informant Mus Medical Rage.  Address 106 - Lewen Lane.	(Include pregnancy within 3 months of death)  Major findings:  Of operaflons
17. Out cal  (Burfal, cremation, or removal, Which?)  Cemetery or crematory 8t Johns.  Location Terret Gam - Month Co. M.d.  18. Funeral director Weare & Pennyllney	Accident, suicide, or homicide Date of Date of Date of
19. mar. 38 1945 goephine in Schaffe (Date ree'd by registrar)	23. SIGNATURE COLORS EJO ST. NW M. D. or other Address Oate Stand 37-45

APR 5 1945 BUREAU V.B.

A MARINE LANGUAGE

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

03063

Par Diat No 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn Infants give residence of mother)
County Montgo film	state 11 ta surregly country
(If outside city of towo limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospilal, Institution, or street aldress where death occurred:	Street No. 1.0 - 3 rd S/r S. 2.
How long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	2.(a) 11 votoran, namo war
Howard Poudag	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Singlo, married, widowed, or divorced  Male White, married	MEDICAL CERTIFICATION 50
6.(b) Hame of husband or wife NANNIE PEMPAGRAPH	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
May 15, 1894 6.(c) If alive, give age 5.6 years	Dep. mid. Excelled 10
1. Birth date of	and that I last saw halive on
decoased (mo., day, yr.)  8. AGE: Years   Months   Days   II less than one day	Immediate cause of death
60	
	Corenary occlusion ) br
9. Birthplace. N.E. W. R. I.W.R. TENN. (Town, county, and state)	Due to
10. Usual occupation LABOR	
11. Industry or business LABOR	Due to
12 Name COLLTER PENDACRAPH	Differ conditions
13. Birthplaco VENN.	
	(Include pregnancy within 3 months of death)
14. Malden name MARY 6000E  15. Birthplace TENN	Major findings of operations
	Date of op.
18. Informant LU I F.E.	Actorary results
Address A 730 V E	22. VIOLENCE: II dealh was due to external causes, IIII in the following;
17 Cenoval Date thereo March 1940	Accident, suicide, or homicide
(Borial, cremation, or removal, Which?)  Bate thereof (and ) (9 40)  (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director, dans a surface of the	Means of injury Injured at work?
Address 30 East Capital ST	Trank ! Snowhart M. U.
3/1 US The E D. A.	23. SIGNATURE
19. 3/1 19.45 Made G.	Jarkenher moderated 32/241

HEART OF THE PARTY OF THE PARTY

APR 6 1945

2411 N. Charles St., Baltimore 107)

# CERTIFICATE OF DEATH

()3064 Reg. Dist. No. 218

L. PLACE OF DEATH: Montg Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland County Monts  City or town Gaithersburg Md  (If outside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3.(a) FULL NAME Martha Alice Perkins	3. (b) Social Security Number
4. Ser emale 5. Color of race 6.(a) Single, married, widowed, or divorced Wildow	MEDICAL CERTIFICATION  20. DATE OF DEATH March 21 19.45 at 10.45
B.(b) Name of husband or wife	21. I CERTLY that death occurred on the date above stated; that lattended deceased from Proceedings of the state of the st
8. AGE: Years   Months   Days   tt less than one day   1860 84 4 29  hrsmin.	Immediate cause of death  DURATION  Solvy
9. Birthplace Louden Co.Va,  (Town, county, and state)  10. Usual occupation House Wife  11. industry or business	Due to
James A Rellins  13. Birthplace Va,	Dither conditions
14. Malden name Martha A Hitaffer Va,	(Include pregnancy within 8 months of death)  Major findings of operations.
Methodist Home, H M Wilson  16. Informant Gaithersburg Md  Address	Antopsy results
17. Burial Date thereof 3/24/45 (Burial cremation, or removal Which?)  Cemetery or crematory Union Comotory  Location Va,	22. VIOLENCE: tt death was due to external causes, fill in the following;  Accident, suicide, or homicide
18. Funeral director Ernest C Gartner  Address Gaithersburg Md	Means of Injury  Injured at work?  23. SIGNATURE.  A. C. Miller, MILO.
19. March 23 1945 - Chula & Cocke (Date roc'd by registrar)  Registrar	Address Gauthersburg M. D. or other Address Gauthersburg M. Date signed 3/22/45

THE REAL PROPERTY AND THE PARTY AND THE PART

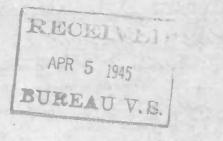
APR 5 1945
BURLAU V.S.

ch.

2411 N. Charles St., Baltimore 97

03065

CERTIFICA	IE OF DEATH Reg. Diat. No. 2/3-
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For nowborn Infan) give residence of mother)
	State Mary and county Morelgoning
(If observe city or town limits, white RURAL and give nearest town)	City or town Bo elswells
Now long in above place of death?	(If outside div or town limits, write RURAL and give nearest town)  Street No. 5/1- EQuart Munito
511- Part Mouly (WE,	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Cosa Vauslin	1 Tullyman 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE OF DEATH March 29 145 at 2A.
5.(b) Name of husband and Charles The Protherson	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	1939 10 Juanel 291945
7. Birlh date of deceased (mo., day, yr.) Lely 34-1857	and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and that I last saw ble alive on the same and the same
8. AGE: Years Mooths Pays It less than one day	Immediato cause of death
87 8 9hrsmin.	
8. Birthplace Moulty and stato)	Due to arteriorelesses 10 miles
10. Usuat occupation. Thouse will	Hypertension
11. Industry or business	Due to.
12. Name Delliam Price Boure  13. Birthplace Monty, Co - Many and	Other conditions A A A A A A A A A A A A A A A A A A A
13. Birthplace Monty, Co- Manyland	(Include pregnancy within 3 months of death)
14. Maiden name Mady and Vells  15. Birthplace Monthly Ca - Manyland	Major findings of operations.
2 15. Birthplace Moulty Ca - Maryland	Date of op.
16. Interment Delleau & Piellyman.	Autopsy results.
Address 511-6. Mouly air- Fo chrello	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial cremation, or removal Which?)  Date thereof May 3//45 (gooth) (der) (year)	22. VIOLENCE: If death was due to external causes, fill in the tollowing;  Accident, suicide, or homicide
K00 10 10 14 11 11 11 11 11 11 11 11 11 11 11 11	NIL
Cometery or crematory Con Clarella - Mil	
Location Comments of the Comme	Injured at home, farm, industry, public place (here?)
16. Funeral director.	7/2 /2 / 1 . 0 .
Address So Savello Offany Sand	23. SIGNATURE The Analysis And
19. 2/30/45 Josephines Strollon	M. D. or other
(Pate rec's by registrar) Registrar	Address Date signed / J.//



VS A15

MARYLAND	STATE	DEPARTMENT	OF HEALT
MAKILLAM	DIALL	DELANTHENI	OF HEALT

#### 2411 N. Charles St., Baltimore 73

03066

# CERTIFICATE OF DEATH

Reg. Dlat. No. 216

1. PLACE OF DEATH: Coucty Hontgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
City or town. Bethesda (rura 1) (If outside city or town limits, write RURAL and give nearest town)	Siate Ohio County		
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Some and a da death occurred:  USNH, Bethesda, Ida  How long in hospital or institution?  Some ada da da death occurred:	City or town (If outside city or town finits, write RURAL and give nearest town)  Street No. 122 Lwxington, Ave.  (If rural, give LOCATION)		
3. (a) FULL NAME	3. (b) Social Security Number		
Nick James PUMA PFC USMCR			
4. Sex Male    Solor or race   Single, married, widowed, or divorced   Single   Sing	MEDICAL CERTIFICATION  20. DATE OF DEATH 3 25 45 45 19 19 19 19 19 19 19 19 19 19 19 19 19		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  19. V.J., 10. Spanned. 2. T. 19. V.D.  and that I last saw h. Appr., alive on		
8. AGE: Years Months Days II less than one day 20hrs	Immediate cause of death DURATION  Cadult total		
8. Birthplace	Due to		
11. Industry or business    12. Name	Diher Conditions Musertlew Thrombons & The Williams of Small Indiana State of Major findings of operations.		
18. Informant MO: Mrs. Rose Ruma  Address 1226 Lexington Ave, Lorain, Ohio	Autopsy results		
17. Removal (Burial, cremation, or removal, Which?)  Cemetery or crematory.  Location Locain, Ohio	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
18. Funeral director M. M. Chambers War MacLeo  Address 1400 Chapin St.N.W. Wash, D. C.  3-26-45  19. Mary Charlette South Registrar	Means of Injury  Injured at work?  23. SIGNATURE. Thomas L. Lesson M. D. or other  Address USNA Outtles da Ind Date signed 3/26/45		

MEALIT SO THEMPERSON STATE OF ALTERNAT

SERTIFICATE OF DRAFF

RECEIVED APR 6 1945 RUREAU V.S.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1700

#### CERTIFICATE OF DEATH

()3067 Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County	0-0
(If outside city or town lights, write Ry RAL and give nearest town)	111 0 7
How long In above place of death?	(12 outside city or toys limits, write RURAL and give cearest town)
Hospital, Institution, or street address where death occurred:	Street No. 125 Balethope St. n. w
Coleaville Rd & East West Heyhway	(If rura /give LOCATION)
How long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3, (b) Social Security Number
John Christian Ran	3. (v) Social Security Number
4. Ses 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Widowal	20. DATE OF DEATH MAS 22 19.43.7 21.46.70 P. M
The state of the s	
6.(b) Name of husband or wife Emana Shalf Kall	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Dep Med Edu 10 case
17. Birth date of deceased (mo., day, yr.) Oct 12 1969	and that Uast saw halive on
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death
75 5 10min.	and the state of t
	Interal Henry haye was for the
9. Birthplace	Que to the front of Sublance Vlein life.
10. Usual occupation settlered electrones	andomitale accordant
10. Usual occupation	Due to
t1. Industry or business	
12. Name. Herman H Rocci	Olher conditions
14. Malden name. Caroline A Christian 15. Birthplace Lennary	(Include pregnancy within 3 months of death)
T4, maiden name.	Major fieddiegs of operations
El 15. Birthplace Cermany	Date of op.
18. Informant Clark It me Sepulon	Autopsy results
Address 125 aglethome 3 W	PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Para In my many	22. VIOLENCE: It death was due to external causes, till in the following:
(Burial, cremation, or removal. Which?)  Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? City or towey (County) (State)
The transfer	Injured at home, tarm, industry, public place (where?)
Location was unger	T / / /
18. Funeral director Mules Suneral Home	Means of Injury and according Injured at work?
Address 4812 Su ave hus Weel DC	Frank J. Broselant M. J.
2 - 22 -0 20 20 80 00	23. SIGNATURE
19. Mar. 2 a 19 45 Josephine M. Schaeffe. (Date ree'd by registrar)  Registrar	Address Starthenhand prof Date signed 3-22-45

APR 5 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 920

03068

ф.	CERTIFICAT	E OF DEATH Reg. Dist. No. 71	6
uld carefully be supplied.	1. PLACE OF DEATH:  CountyMontgonery  Chevy Chase  (If outside city or town limits, write RURAL NEAR and give town)  Street address, hospital, or institution:  Stay in hospital or inst. (yrs., or mos., or days)  Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State	
on sho	3.(a) FULL NAME Alice Hyatt Reid	3. (b) Social Security Numb	er
ALEXERATE S. Color or race 6.00  Female White George  6 (b) Name of husband or wife George  7. Birth date of decased (mo., day, yr.) June 26 to decased (mo.	Female White Married  6 (b) Name of husband or wife George Conrad Reid	CARDIO: RESPIRATION AILURE  Oue to CEREBRAL HEMOVEHAGE 2  Due to HYPERTENSION 10  CORONARY BRIERY DISEASE  Other conditions BORTITIS - BORTIC 1/10  REGURQITATION  (Include pregnancy within 3 months of death)  Major findings:  Of operations 1  Include the death of t	Mys.  OURATION  DAYS  VEARS  DEFINITE  PHYSICIAN lease underline cause to which in should be god stallisti-
VSA15  PLEASE WRITE PLAINLY, WITH U correct age is especially important.	Address 106 E. Thornapple, St. Ch. Ch. Md  17. Ft. Lincolna Oate thereof April 28 1945 (Burial, cremation, or removal, Which?)  Cemetery or crematory Ft. Lincoln  Location Bladensburg, Md.  18. Funeral director Nyarry & Shye  Address 1009 H, St. N.W. Wash.D.C.  19. 3/3/ (Date rec'd by registrar)  19. 45 Mm E Johns  19. 19.45 Mm E Johns  19. 19. 19.45 Mm E Johns  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	Of autopsy  22. VIOLENCE: It death was due to external causes, till in the following:  Accident, suicide, or homicide  Where did injury occur?  (City or town)  (County)  (Statinjured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  23. SIGNATURE  Research  Address 1726  EYE ST., N.C.  Date signed 3/	te)

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APR 6 1945

BUREAU V.S.

2411 N. Charles St., Baftimore 93-

## CERTIFICATE OF DEATH

03069

Reg. Dist. No. 2//

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County On A D D	
(If outside city or town limits, write RURAL and give wearest town)	State County County County
How long in above place of death? / O ylcar	(17 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Louis E. Phinel	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH March 23, 1945, at 6:00 P: M
8.(6) Name of husband or wife and anice Palinehart	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of years	and that I last saw h. I.M. alive on March 21 18 45
deceased (mo., day, yr.) Solution 5 1873  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Carelina Thombring DURATION
8. AGE: Years   Months   Days   If less than one day	y days.
9. Birthplace Balting (Town, county, and state)	Due to arterioschertie cardir vascular disease 10 years.
10. Usual occupation.	
11. Industry or business	Due to Series Newscar.
# 12 Name Love Almehart	
13. Birthplace maruland.	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Olylandorum  15. Birthplace	Major findings of operations
El 15. Birthplace	Date of op
16. Informant Mrs andonia Chinespart	Autopsy results.
Address Damascus and	PHYSfCfAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Date thereof On On On On On On One Of One On One On One One One One One One O	22. VfOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory. Daniel Company	Where did injury occur?
10	
Location A B B Coll Das	Injured at home, farm, Industry, public place (where?)  Means of injury tnjured at work?
Address domais and	1 Q 1 9 1A.
" mar J. 95" 1/4- 19 all a W Bunda	23. SIGNATURE P. Ken M. M. D. or other
(Date rec'd by registrar) Registrar	Address Davascus, Ud. Date signed 3/25/45



The state of the state of the state of

2411 N. Charles St., Baltimore Rafe

# CERTIFICATE OF DEATH

03970

Reg. Diat. No. 2/3-

City or town.  City or town.  Cit outside gity or town limits, write RURAL and give nearest town)  Row long in above place of death?  Hospital institution, or street address, where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State County	nearest town)
3. (a) FULL NAME selph E. Roberts	3. (b) Social Securit	y Number
4. Sex  5. Color or face  6.(a) Siegle, married, widowed, or divorced  Married  6.(b) Name of husband or wife  6.(c) If alive, givalage  7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that attended de	
8. AGE: Years Months Days the less than one day  14 hrs	Immediate curse of death Gradual explanation	mouch
9. Birthplace Finderick Co - Marylans (Rown, county, and state)  10. Usual occupation. Caboner	Oue to Reprising to East	1/2-
11. industry or business    Harman   Pobert Poberts     12. Name   Pobert Poberts     13. Birthplace   Many Land	Diher conditions	
14. Malden name harbelts and fitcher 15. Birthplace Mary loud	(Include pregnancy within 3 months of death)  Major findings of operations.	
16. informant Would Country Meface Branch Address Proposition	Autopsy results	
17		
Location Demos Pours Power - Maryland	(City or town) (County)  Injured at home, farm, industry, public place (where?)	
18. Funeral director Dm Reuben Funtshiry Address Rockville - Hangland	Means of Injury Injured at work?	SHLO.
19. 3/12/45 Dephine D. Walton (yate rec'y by registrar) Registrar	23. SIGNATURE M. D. M. D. M. D. Address. January M. D. Date signer	3/10/45

The Man all by

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APR 5 1945

BUREAU V.S.

# CERTIFICATE OF DEATH

03071

CERTIFICAT	TE OF DEATH Reg. Diat. No. 216
1. PLACE OF DEATH:  Montgomery  City or town Bethesda, Md. (rural)  (If cotside city or town limits, write RURAL and give nearest town)  How long in above place of death? Il days  Hospital, institution, or sireet address where death occurred:  US NAVAL HOSPITAL, Bethesda, Md.  How long in hospital or institution? Il days	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3.(a) FULL NAME SAINZ, Grace Viola	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a) Single. married, widowed, or divorced female   W-US   married    6.(b) Name of husband or wife   Helver T. Sainz	MEDICAL CERTIFICATION  20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 24 August 1906	2 Feb. 19.45 to 15 March 1945 and that I last saw h. Gr. alive on 15 March 1945
8. AGE: Years   Months   Days   If less than one day   38   6   21  hrsmin.	Immediate cause of death Anat Canal DURATION  Augustosacona with
9. Sirthplace Pa.e.  (Town, county, and state)  10. Usual occupation housewife  11. Industry or business  12. Name Fnos Shaub  13. Sirthplace Pa.e.  14. Malden name. Lillian Shaub  15. Birthplace Pa.e.	Due to
Address 4601 Lewis Avenue, Suitland, Md.  17. burial  (Burial, cremation, or removal, Which?)  Cometery or crematory Arlington National Cemetery  Location Arlington, Va.  18. Funeral director. W. W. CHAMBERS  Address 1400 Chapin St., N.W., Wash, D.C.,  19. (Date ree'd by registrar)  Registrar	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.  Where did injury occur?  (City or town) (Coonty) (State)  Injured at home, farm, industry, public place (where?)  Means of injury Injured at work?  23. SIGNATURE  M. D. or other  Address USNH Bethesda, Md.  Date signed.

APR 6 1945
BUREAU V.S.

MARKANIA SOLITARI DEPARTE DE LA PRESENTA DE LA PRES

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
MARILAND	SIAIC	DEFARIMENT	UF	REALIE

#### 2411 N. Charles St., Baltimore 17/20 CERTIFICATE OF DEATH

03672

Reg. Diat. No. 216

1. PLACE OF DE	omery			2. USUAL RESIDENCE (HOME) (For newborn infants give residence			
How long in above place	of death?	ive da	RURAL and give nearest town)	State Pa.s County  Altoona,  City or town (If outside city or town limite, write RURAL and give nearest town)  Street No. 209-17th Street  (If rural, give LOCATION)			
	Hospital,	Bethes	da, Md. ys				
			4.9	2.(a) If veteran, name war	••••••		
3. (a) FULL NAMI	SCH	MIDHAM	MER, Karl		3. (b) Social Security 1	Number	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
male	W-US		single		erch 1945	. 0526 a.	
	12-		c) If alive, give ageyear	21. I CERTIFY that death occurred on the date	above stated; that I attended decea	sed from	
8. AGE: Years		Days	If less than one day				
9. Birthplace	Marin Dert Josep	e Corps	dhammer	Due to Mark.  Due to Mark.	t car		
	unknown			(Incinde pregnancy within	8 months of death)		
14. Maiden name 15. Birthplace	unknown unknown	***************************************		Major findings of operations	***************************************		
t6. Informant. Alba	ert Joseph 7 17th St.		dhammer(father)	II .			
Localion	y		eof 3-2-15 (month) (day) (year)	Where did injury occur?	n) (County) (where?) Start		
18. Funeral director. W. W. Chambers				Means of Injury Struck by	Street always work?	m	
		treet,	N. W., Wash., D.C. Charlotte Smith	0-1	Bronhaus	rother	

BY JAMES OF THE STATE OF ATTACK

REMAINS TURNED OVER TO DISTRICT OF COLUMBIA AUTHORITIES THIS DATE

Frank BROSCHART

Deputy Medical Examiner of

Montgomery

RECKIVED

THE ATT VE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1646

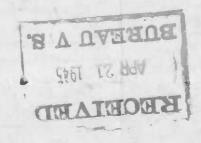
# CERTIFICATE OF DEATH

03673

100

Reg.	Dist.	No.		,	~	<i></i>	6	-
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3.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of motion)
The	County	mo mones
leg l	(If outside city or town limits, write RURAL and give nearest town)	State
efully.	How long in above place of death?	(If outside city or town limits, write RURAL and vive nearest town)
eft a	Hospital, Institution, or street address where death occurred:	116111 Fraderick Rus
ear arl		Street No
cles	Now long in hospital or institution?	2.(a) If veleran, name war
ati th	3. (a) FULL NAME	3. (b) Social Security Number
format f death	alice M. Segui	51(0) Boom Booming Manager
e de li	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
n of uses F.J	Female white married.	20. DATE DE DEATH MAN 14 1956.5 at / 2:30 P.M
iter ca	6.(b) Name of husband or wife. Marry R.	21. I CERTIFY that death occurred on the data abovo stated; that I attended deceased from
the		Log pred Color to case 19.
te	7. Birth date of	and that last saw halive on
y vri	deceased (mo., day, yr.) //ov. 7, 1894	Immediate cause of death DURATION
ppl e v	8. AGE: Years   Months   Days   If less than one day	
Su	50min.	11 shuseia
Z Ide	9. Birtholace Charlestown W. Va.	Due to Howing (Auside)
N.	(Town, county, and state)	y de la constant de l
IG IN icians and	10. Usual occupation housewife.	Pos 4a
IN	11. Industry or business	Due 10
ADIN Physic	12. Name John Fisher	All during
臣,是	13. Birthplace	Other conditions
tant	14 Maides nama & Paik 7.	(Include pregnancy within 3 months of death)
TH	14. maile maile	Major findings of operations.
VIT	15. Birthplace Yea.	
- 20	16 Interment There R. Serein.	Autonsy results
CAINLY, especially	10 . M. 10: 4 M B 14	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Dec	Address 4814 + repaired Wee Balting	23. VIOLENCE: If death was due to external causes, fill in the following;
	(Burlal, cremation, or remoyal, Whitch?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide.
100	Cemetery or crematory of parkwille Links Cem	Where did Injury occur? Brookmost muty md
WRITE of des	Demetery of Crematury	(City or town) (County) (State)
L. YR	Location Control Contr	Injured at home, farm, Industry, public place (where?)
	18. Funeral director. Com Koulen Turnghrey	Means of Injury tnjured at work?
PLEASE Date	Address 7557 Wis . Cone. Betherda	Frank 1. Proschart m. J.
LE	- ma me ma	23. SIGNATURE M. D. or other
집	19. (Date sec'd by registrar) Registrar	Address Santhan Land Date signed 44-14-46



MARYI	AND	STATE	DEPARTMENT	OF	HEALTH
MINICILL	AIL	DIALE	DEFARIMENT	Ur	DEALIE

2411 N. Charles St., Baltimore 93-1

03074

### CERTIFICATE OF DEATH

Reg. Dist. No. 214

County (If outside city or town Minits, write RURAL and give nearest town)  Hew long in above place of death?  Hospital, institution, di street address where death, occurred:  Now tong in hospitat or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sey 5. Color or race 6.(a) Single, married, widowed, or divorced female while hidgened	MEDICAL CERTIFICATION  20. DATE OF DEATH. ISSAUL 24 1945 11/2:15 A. M.
8.(b) Name of husband or wife for the form of the form	21. I CERTIFY that death occurred en the date above stated; that I attended doceased from  19.4.5 to 19.4.5  and that I last saw h
11. Industry or business    12. Hame   Cigary     13. Birthplace   Manager   Moodure     14. Maiden name   Moodure     15. Birthplace   Moodure   Moodure     16. Birthplace   Moodure   Moodure     17. Birthplace   Moodure   Moodure     18. Birthplace   Moodure   Moodure     19. Birthplace   Moodure   Moodure   Moodure   Moodure     19. Birthplace   Moodure   Moodu	Biher conditions Described and Lecture (Include pregnancy within 8 months of death)
16. Informani June Hallie Branell  Address 7 14 Syrung. St.	Antopsy results.  PHYSICIAN: Please underlins the cause to which death should be charged statistically.
17. (Burial, cremation, or regoval, Which?)  Cemetery or crematory Reclarate elmon  Location Rockwille - Mel.	22. VfOLENCE: If death was due to esternal causes, fill in the following;  Accident, suicide, er hemicide
18. Funeral director Warne & & ankinney.  Address & 434 Ga ave. Silve Efrance. Met.  19. mar 26  19. y Josephine in Schoolfe  (Date rec'd by registrar)  Rogistrar	23. SIGNATURE Address Salur Date signed 3/24/45

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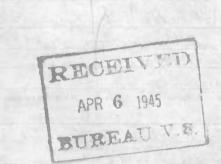
BUREAU V.S.

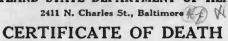
2411 N. Charles St., Baltimore 200

### CERTIFICATE OF DEATH

03075 Reg. Diat. No. 216

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? A plantimumutally to represent the spiral, institution, or streat address where death occurrent.  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State Carry County Contraction  City or town Setheral County Contraction  (If outside city or town limits, write RURAL and give nearest town)  Street No. 7504 Charles Share (If rural, give LOCAPION)  2.(a) If veteran, name war.
Jenale White Widowed  6.(0) Bame of husband or wife. John Howard	MEDICAL CERTIFICATION  2D. DATE DF DEATH
6.(6) Name of husband or wife	and that I last saw h. E. T. alive on March 18 19 45  Immediate cause of death  Resperatory Failure  BURATION
9. Strippiace Black River Talls Wisconsing  10. Usual occupation Housewife  11. Industry or business	Due to Caralral Remortage
13. Birthplace Wisconsin  14. Maiden name Martha Benson  15. Birthplace Wisconsin	Other conditions Taylor Major fields of operations.  Other conditions Taylor Major fields of operations.  Date of op.
Address 5504 Mr Kinley SL 17 Burial Date thereof March 29 1945	Autopsy results PHYSICIAN: Please noderline the cause to which death shoold be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Continuation Valuation Valuation	Where did Injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?) (Injured at work?)
18. Funeral director Wind Stewbern Stumpshreaf Address 7557 Wisconsin Cos. Bethesda Mile  19. 3 126 1945 9 m E Jobes  (Date regid by registrar)  Registrar	23. SIGNATURE Trank Jaggers M. D.  Address 5.50 Late signed.





03676

Reg. Dist. No. 710

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State PENNA County
(If outside city or town limits, write RURAL and give nearest town)	HUNTINGWAN PENN
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
4908 WESTERN HVE. NW.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	MPSON
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE MARRIED	20. DATE OF DEATH 3/6/45 19. 19. 18
0, 45	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife RICHARD M SIMPSON	19.45 to March 6 19.45
CCT 9 1904 5.(c) If alive, give age years	and that I last saw here alive on which 65 19.46
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Company of the Company of
40 3 25hrsmin.	Jack Jack
	What are the state of the state
8. Birthplace MILL CLEEK FENNA (Town, county, and state)	Due to Themeton of Inform 1400+
10. Usual occupation. Haussell Et	Due to Paraman Commen 1 year
11. industry or business —	My dance
12. Name ORTER W METZ  13. Birthplace MIII CREEK PA	Other conditions
	(Include prognancy within 8 months of death)
14. Maiden name. MARY Clausia Russy.  15. Birthplace Scoting, Pa.	Major findings of aperations.
15. Birthplace OCOTIA PA.	Date of op.
16 Informant RICHARD M SIMPSON	Autopsy results Promon Corumny Liver
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 4908 WESTERN HVE NW	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location HUNTINGDON, FENN	Injured at home, farm, Industry, public place (where?)
16. Funeral director HARRY F BROWN	Means of Injury Injured at work?
Address HUNTINGDON, PENN,	23. SIGNATURE John & Markey me
10 3/7 1045 mm & lobes	M. D. or other
(Date rec'd by registrar) Registrar	Address 1746K STW Was Bate stened 3/6/45



6 1 -

2411 N. Charles St., Baltimore (159)

03077

CERTIFIC	CATE OF DEATH Reg. Dist. No. 2/3
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME  Below Sleen	3. (b) Social Security Number
4. Sex  5. Color or race  6.(a) Single, married widowed, or diversed  4. Sex  6.(b) Hame of husband or wife	20. DATE OF DEATH  21. I CERTIFY that death occurred an the date above stated; that I attended deceased from  19.45. 10.4
7. Birth date of deceased (mo., day, yr.)  8. A.G.F. Years   Months   Days   If less than one day	years and that I last saw h alive on
8. AGE: Years Months Days If less than one daybrs.	min.
9. Birthplace	Due to.
11. Industry or business  12. Name	Other conditions
14. Halden name Buldered Gertrude Barry 15. Birthplace Gella, Baltipure Co., Mich	(Include pregnancy within 3 months of death)  Major findings af operations.  Date of op.
Address Sandy Spring Pol Saurel 10	Autopsy results
(Burial, ereination, or removal. Which?)  De thereof Man the 5 194  (month) (day) (year)  Cemetary or crapatory Many Thull, Saint Las. Co. M.	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
18. Funeral director	Injured at home, farm, lodustry, public place (where?)
19. 3/4 /45 Josephine D. Stoollon: Registrary	23. SIGNATURE. Address. Rolling Mad. Bate signed 3/4/45

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

THE STATE OF THE PROPERTY AND ASSESSED.

HTAXO NO READERING

APR 5 1945
BUREAU V.S.

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

03078 Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	
City or town Givey Mary land, write RURAL and give nearest town)	State Mary Land County Mant ga Mary  City or town 5110-fr Spring  (If outside city or town limits write RURAL and give nearest town)
How long In above place of death?	
Hospital, institution, or street address where death occurred:	Street No. Calesville & hearna Gennett
The Montgomery County General Hospital Suc	(If rural, give LOCATION)
How long in hospital or institution? 23 days -	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Dorothy Louise Smith	3. (0) Buchas Becarity Manufect
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 1 1 1 5 /-	
Female Col. Single.	20. DATE DE DEATH March 10 1945 at 11:30PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth dato ot years	and that fast saw h. slive on 19.
deceased (mo., day, yr.) May 24, 1935	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
9 9 11hrsmin.	Septer preumones 4 days
Maryland	Due jo per 2 ged + 3rd degree
9. Birthplace Mary Land (Town, county, and state)	1 1 1
10. Usuat occupation. Chald.	Turns flanks ab flowery bullet
	Duo to Clark South extremeting 25 days
11. tndustry or business	
12. Name	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
E 14. Malden came Frances Smith	Major findings of operations.
\$ 15. Birthplaco Washington, D.C.	Date of op.
16. Informant Hospital record.	
16. Informant 1105 Pt TS 1 1 1 E E O V C .	Autopsy results
Address	
17 Buried Daie thereof Morch 14, 1943	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory Road Nope	Where did injury occur? (City or town) (Connty) (State)
Clariff of the	
Location	Injured at home, tarm, Industry, public place (where?)
18. Funeral director Robert L. Inouelle.	Means of Injury Turus Injured at work?
All - Ill al & Rombardo	Fr 1. Bronhart M.O.
Address 246.7). Wash. Dr. 100	23. SIGNATURE DEL PAR Exam.
ma 11 Me De Ludek frag	M. D. or other
(Date rec'd by registrar)	Address Susshing has Date signed 3-11-45

APR 7 1945 BUREAU V.S.

PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 468

## CERTIFICATE OF DEATH

()3()79 Reg. Diat. No. 223

1. PLACE OF DEATH:    Constitution of the process of control of the process of the process of control of the process of the process of control of the death occurred as the data above takes, that is studied deceased from the process of control of the process of control of the death occurred as the data above takes, that is studied deceased from the process of control of the death occurred as the data above takes, that is studied deceased from the process of control of the death occurred as the data above takes, that is studied deceased from the process of control of the death occurred as the data above takes, the process of control of the process of control of the death occurred as the data above takes, the process of control of the death occurred as the data above takes, and the process of control of the process of control of the death occurred as the data above takes, and the process of control of the death occurred as the data above takes, and the process of control of the process of the proc		
Single And Consider the Court of Lower limits, write EURAL and give macrost town)  Here long is above place of death?  Here long is above place of death.  Here long is above place of the long		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
The back in above piace of death?  Missipalli, hashitane, gartered destroys where, death accourate:  Mr. Marian and Mr. Marian Mora Mr. H.  3. (a) FULL NAME  M. W.		
Bisplish, any learning the delays when delay of the course in the course of the course in the course of the course in the course of the course		City or town Meadawood
Actions of hospitals institution.  3. (a) FULL NAME  M. J. William Mora M. H.  4. Sea S. Color or races  6. (c) Hame of hospital or mits.  6. (c) Hame of hospital or mits.  8. (c) Hame of hospital or mits.  8. AGE: Team Melpis  9. (c) Hame of hospital or mits.  8. AGE: Team Melpis  9. (c) Hame of death or mits.  9. (c) Hame of hospitals or mits.  10. Birthplace.  11. Industry or byshess  12. Same.  13. Birthplace.  14. Maides name.  15. Formant Parallel Melpis  16. Formant Parallel Melpis  17. Denied or commond, Whichirly  18. Formant Parallel Melpis  29. (Control)  19. (Control)  10. Control)  10. Control Melpis  20. (Control)  10. Control Melpis  20. SUBRIUME  21. SUBRIUME  22. SUBRIUME  23. SUBRIUME  24. SUBRIUME  25. SUBRIUME  26. SUBRIUME  26. SUBRIUME  27. SUBRIUME  28. SUBRIUME  29. SUBRIUME  20. SUBRIUME  21. SUBRIUME  22. SUBRIUME  23. SUBRIUME	Hospitat, institution, or street eddress where death occurred:	
3. (a) FULL NAME  Mr. William Mora Mrith  8. (a) Social Security Number  Mr. William Mora Mrith  8. (a) Social Security Number  MEDICAL CERTIFICATION  20. BATE OF DEATH.  21. ACESTIFF that death occurred on the date above stated; that I attended deceased from the state of the s	165-1	(If rural, give LOCATION)
4. Sex 5. Color or rece 6. (co) Single, married, viscoved or diversed which which 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
MEDICAL CERTIFICATION  6.(b) Hame of husband or wife  5.6(c) It alive, give age  7. Birth date of  6.(c) Hame of husband or wife  5.(c) It alive, give age  7. Birth date of  6.(c) Hame of husband or wife  5.(c) It alive, give age  7. Birth date of  6.(c) Hame of husband or wife  7. Birth date of  6.(c) Hame of husband or wife  8. AGE: Tears Molphis  8. AGE: Tears Molphis  9. Birthplace  10. Usual eccapation of hamben of day  11. Industry or business  11. Industry or business  11. Maiden name  11. Industry or business  11. Maiden name  12. Alimentary results  13. Birthplace  14. Maiden name  15. Birthplace  16. Birthplace  17. Bame  18. Informant flee gales Week of the statistically.  18. Informant flee gales Week of the statistically.  19. Fuerral director.  10. Observed the statistically of the statistical of the statist	Mr. William Mora Smith	3. (b) Social Security Number
6.(6) Name of husbard or wife.  6.(6) Name of husbard or wife.  7. Birth date of considering the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date of the date above stated: that I attended deceased from the date of the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: that I attended deceased from the date above stated: the date abo	4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5. (c) Hame of husband or wife  6. (c) Hame of husband or wife  7. (c) Hame of husband or wife  8. (c) Hame of husband or wife  8. (d) Hame of husband or wife  9. (c) Hame of husband or wife  19. (c) Ha	male white windows	The state of the s
7. Birth date of deceased (no., day, yr.) Opcil 2 (, (8 & 2 ) and year of deceased (no., day, yr.) Opcil 2 (	6.(6) Name of husband or wife	21 CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased from, day, yr.) Opening Days If less than one day  8. AGE: Years Mothe Days If less than one day  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Informant Personal Which?  17. Commant Personal Which?  18. There are the recommendation of the control of the co	S (c) tf alive give age	
8. AGE: Years Modes Days If less than one day    Immediate cause of death   DURATION	7. Birth date of	and that I last saw h. Analive oo IV At Ch
8. Birthplace Country and state)  10. Usuat occupation.  11. industry or business  12. Name.  13. Birthplace  14. Madden name.  15. Birthplace  16. Informant Personal Which?  16. Informant Personal Which?  17. Cemetery or remptory  18. Cemetery or remptory  19. Fuerful Country  19. Fuerful Country  19. Fuerful Country  19. Watterly 19.4.  19. Watterly 19.4.  19. Watterly 19.4.  19. Watterly 19.4.  10. Usuat occupation.  11. Industry of business  12. Name.  13. Birthplace  14. Madden name.  15. Usuation.  16. Informant of centh)  17. Watterly 19.4.  18. Fuerful display occur?  19. Watterly 19.4.  19. Watterly 19.4.  19. Watterly 19.4.  10. Usuation.  11. Industry on business  12. Unclude pregrancy within 8 months of death.  13. Birthplace  14. Madden name.  (Include pregrancy within 8 months of death.)  Major findings of operations.  18. Antiopsy results.  19. PHYSICIAN: Please maderline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  16. Include pregrancy within 8 months of death.)  17. Watterly 19.4.  18. Europe and of operations.  19. Watterly 19.4.  19. Watterly 19.4.  10. Usuation.  11. Industry or business  12. Uncluded pregrancy within 8 months of death.  18. Included pregrancy within 8 months of death.  19. Watterly 19.4.  10. Usuation.  10. Usuation.  10. Usuation.  10. Uncluded pregrancy within 8 months of death.  10. Uncluded pregr		
8. Birthplace (Coyon, sounty, and state) 10. Usual occupation. 11. Industry or business 11. Name. 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant (Include pregnancy, within 8 months of death) 16. Major findings of operations. 17. Antopsy result. 18. Description (Include pregnancy, within 8 months of death) 18. Antopsy result. 19. Competery or complete (Include pregnancy, within 8 months of death) 19. Watch 1 Country 19. Watch 1 Country 19. Watch 1 Country 19. Watch 14. Sirch 1 Country 19.	62 10 21hrsmin.	
Due to.  11. Industry or business  12. Name	8. Birthptace (Town, county; and state)	
12. Name	10. Usuat occupation Shark Anit worker	0
14. Maiden name.  15. Birthplace  16. Informant Pecardo Wash. Sam. & Haspital Antopsy results.  Address Jeona Park, Ind.  17. Removal (Burial, cremation, or removal, Which?)  Cemetery or cremytory.  Location Mashington Park Co.  Address 1400 Chapen Id.  Antopsy results.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please maderline the cause to which death should be charged statistically.  Antopsy results.  PHYSICIAN: Please mad		
14. Maiden name.  15. Birthplace.  16. Informant Personal Wash. Same Haspital Address Jakona Park, Ind.  17. Remoral (Burial, cremation, or removal, Which?)  18. Funeral director.  Address 140 Chappen H. G.  Antopsy results.  PHYSICIAN: Please anderline the cause to which death should be charged statistically.  Accident, suicide, or homicide.	12. Name	Other conditions
16. Informant Pearls Week Mad.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		(Include pregnancy within 8 months of death)
16. Informant Pearls Week Mad.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	S 15 Rightslace	7 1 01 1945
Address Johns Park, Md.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	0 11101 1 10111	2
17. Pemoral (Burial, cremation, or removal, Which?)  Cemetery or cremytory Location  Location  Means of tajury  19. Funeral director  Address  Pate thereof. Weach 14 1945  Date thereof. Weach 14 1945  City or town)  (City or town)  (City or town)  (County)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of tajury  19. Signature  23. Signature  24. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide  Date of  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of tajury  23. Signature  M. Doother	11 0	
Cemetery or cremytory.  Location Washington D. C.  Build, cremation, or removal. Which?)  Where did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  19. Maich 14 19 4 5 4 15 15 16 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	Pomoral March. 14-1945	22. VIOLENCE: If death was due to external causes, fill in the following;
Location Machine Machine Machine Means of Injured at home, farm, Industry, public place (where?)  19. Funeral director W. W. Chember Co.  Address 1400 Chapen J. M.W.  19. Warsh 14 194 5 4 11 11 11 11 11 11 11 11 11 11 11 11 1	(Burial, cremation, or removal. Which?) (month) (day) (year)	
18. Funeral director W. W. Character Co.  Address 1400 Character J. M.W.  19. Warsh 14 19 4 5 4 11 11 11 11 11 11 11 11 11 11 11 11 1	Cemetery or cremytory	
Address 1400 Chapen Aft. M.W.  19. Warch 14 1945 Atthe World  23. SIGNATURE John A. Browns Long W. D. Opher  19. Warch 14 1945 Atthe World  24. SIGNATURE John A. Browns Long W. D. Opher  19. Warch 14 1945 Atthe World  19. Warch 15 1945 Atthe World	Location Location Control Cont	
19. Waich 14 1945 Hohm Wold 23. SIGNATURE SOM IT. MASURAS LUNAS M. D. Grother	110000 00000000000000000000000000000000	2010
(Date rec'd by registrar)  Registrar  Address  Date signed 3/14/14	Address 140 Chapen A. M. M.	23. SIGNATURE John J. Sasursolunga WW
	(Date rec'd by registrar)	Address Date signed 3/14/14

APR 5 1945
BUREAU V.S.

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MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

03080

### CERTIFICATE OF DEATH

County County Conformation	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAK sad give nearest town)	State Mary Land County M Diff and
(If outside city or town limits write RURAE and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Sireet No. (If rurai, give LOCATION)
How long in hospital or institution?	2.(a) Il veleran, name war
3. (a) FULL NAME O	3. (b) Social Security Number
Sidney Inruden	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemal Col marriy	20. DATE OF DEATH TM arch 11 , 1945 at 2:00 P. N
6.(0) Name of husband or with Benifessia	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	March 10 1945 10 March 11, 1945
7. Birth date of deceased (mo., day, yr.) 2022 8 1880	and that I last saw h E.R. alive on March 18.45
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Extension second sand Third DURATION
64. 3 11	legre burns of legs. Zdays:
9. Birthplace March (Town, county, and state)	Oue to Sean Aury Shock Iday.
10. Usual occupation A prise Wife	Due to arteriogalizario 10 Jun-
11. Industry or business Home	Due to.
E 12. Hame William Jaffes	Other conditions
\$ 13. Birthplace Trederick made	
14. Maiden name Illartha Clark	(Include pregnancy within 3 months of death)
14. Maiden name / Carlos Carlo	Major findings of aperations
16. Informant another Darsey	Antopsy results.
Address Brokently, man	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: 11 death was due to external causes, flil in the following:
(Burial, eremation, open-poval. Which?)  Bate the foot 1 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or eremator Inown Maril	Where did in ury occur?
Location Dallon + on and Come	Injured at home, farm, industry, public place (where?)
18. Funeral director Long W. Barber	Means of Injury injured at work?
Address On Long Han my	( Q 1 2 0
36.00	23. SIGNATURE M.D. or other /
(Date rec'd by registrar)	Address Danoiseus Md. Date signed 3/14/45

RECEIVED APR 5 1945

BUREAU V.S.

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

()3081 Reg. Diat. No. 218

City or lown(Lf  How long in above place Hospital, institution, or	outside city or town lies of death?	mits, write F	Ma (Runal.)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence of Stale	Mante Md E, write RURAL and give ne	srest town)
3. (a) FULL NAM	Ē			The same and the s	3. (b) Social Security	Number
	Amanda	Kat	herine Sparro	W		
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female	White	Wi	dow	20. DATE OF DEATH March 9t	h 19.45	10.45F
******************************	•••••••	6.(0	W Sparrow years	21. I CERTIFY that death occurred on the date ab	ove stated; that I allended dece	ased from M
7. Birth date of deceased (mo., day,	yr.) Au	g 8th	1868	and that I last saw hatten alive on		
8. AGE: Year: 1868 70		Days	It less than one day	Immediate cases of death		
1000 /	3 1	-	hrs. min.	Caremana	// //	
to, ospat occupation.		burg Wife	Md.	Due 10.		
11. Industry or busines  12. Name	Richs Md,			Bither conditions Change for	white	3 yr
Maides services	Mary S	affel		(Include pregnancy within 8	months of death)	•
14. Maiden name.	Md	***********		Major findings of eperations		000000000000000000000000000000000000000
		^				
18. Informani			rrow rg.Md.	Autopsy results		
From		enete	(month) (day) (year)	22. VIOLENCE: Il death was due to external car Accident, suicide, or homicide	THE RESERVE THE PROPERTY OF THE PARTY OF THE	***************************************
Cometery or cremate	y Forest	Oak C	emetery	Where did Injury occur?(City or town)	(County)	(State)
Location	Gaither	rsburg	Md,	Injured at bome, farm, Industry, public place (w		
18. Funeral director	Ernest	C	lartner	Means of Injury	Injured at work?	
19 March (Date rec'd by re	Gaithe	- 1	0000	ZJ. SIUNATURE	zhael M. J. M. D. of	or other 3-/0 - X 5

RECUENTO APR 5 1945

BUREAU V.B.

# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore III.

# 03082

	142	
CERTIFICATE	OF DEATH	Per Dist No

1. PLACE OF DEATH:-  2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)	
County	
City of TOWIL C.	200
City or town.	/ war
	nd give nearest town)
Street No.	<b></b>
	. /
How long in hospital or institution? One hour 2.(a) If veteran, name war	
3.(a) FULL NAME Stratton, Mrs. Jean	Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICAT	ION
1 / 44 5	19 at M
6.(6) Name of husband or wife Stratton, Mr. George 21. I CERTIFY that death occurred on the date above stated; that I at	leoded deceased from
February 25 18 45 10 m	arch 1 19 45
7. Birth date of and that t last saw h. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	22 1045
deceased (ma. day, vr.) / M. 14 / 880	13
8. AGE: Years   Months   Days   If less than one day   Immediate cause of death   Canagana   Immediate cause of death   Canagana   Immediate cause of death   Canagana   Immediate cause of death   Immediate caus	OURATION
the state of the s	***************************************
66f	
9. Birthpizce Aprendiction Mandy Oue to Amelia volumeless a	
The second of th	
10. Usual occupation Due to Meson Aleg	
f1. Industry or hysiqess	
12. Name James Kitchie Other conditions Cardeac Kulur	
Y 12 Blother land	***************************************
14. Major findings of uperations.	
(Include pregnancy within 8 months of death)  14. Major findings of uperations.  Date of the control of the con	f on
Della Della Tita	
16. Informant Autopsy results.  PHYSICIAN: Please underline the cause tu which death should I	
Address 3 608 Youthwelk St. Bellied 22. VIOLENCE: If death was due to external causes, fill in the follow	
17 Climation Bate thereof 5/3/43	e of
(Burlar, Cremation, or removal. Which)	
Cemetery or crematory. Celar Tiell Cem	y) (State)
Location injured at home, farm, industry, public place (where?)	
18. Funeral director Class Gentles Turnship Means of Injury Injured at	work?
The familian discussion of the familian discussi	
www. neer / line love Bather II. St. D. M.	1.97
Address 7557 Wis leve Betherly The 33 SIGNATURE Trank toger	M. D. or other



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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:  Courty. Months of the Court of Months o	4 J 4 MAI 13 1343	
State. Supplied the state of th		2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town  Rev long in above place of death or town death accounted.  Street Re. 508 Ways Mark Rale and give nearest town)  Street Re. 508 Ways Lack Rale and give nearest ways City or town)  Street Re. 508 Ways Lack Rale and give nearest Ways Rale and give nearest town)  Street Re. 508 Ways Rale and give nearest town)  Street Re. 508 Ways Rale and give nearest ways Rale and give ne	0 1/1	
Box long in above place of death?  Rospital, institution, or street address where death occurred:  Street No. 578 W. Green hospital or institution?  3. (a) FULL NAME  SADIE SUSSAN  6. Sex	City or town	
Record of the hospital or institution, or street address where death occurred:   Street No. S. W. M. M. M. (16 first, give LOCATION)		(If outside city or town lunts, write TURAL and give nearest town)
Re long to hospital or institution?  3. (a) FOLL NAME  SAD E SUSSAN  4. Sex S. Solver or race  8. (a) Single, married, videored, or divorced  WEDICAL CERTIFICATION  8. (b) Bane of husband casile. SAM LE SAS AN  8. (c) Haine of husband casile. SAM LE SAS AN  8. (c) Haine of husband casile. SAM LE SAS AN  8. (c) Hailine, give size.  9. (d) Hailine, give size.  9. (e) Hailine, give size.  9. (f) Hailine, give size.  9. (g) Hailine, give size.  9. (f) Hailine, give size.  9. (f		
3. (a) FULL NAME  3. (b) Social Security Number  4. Sex  5. Color or race  6. (c) Single. married, widewed, or diversed  MEDICAL CERTIFICATION  7. Buth date of bushand or sale. S.A.M.U.E.L. SUSS. A.V.  7. Buth date of deceased (ma. day, yr.)  MAR 2 ( SE3  8. AGE: Tear Manths  Day It less than one day  18. AGE: Course Manths  19. Married and occupation.  10. Usual occupation.  11. Industry or business  12. Name  13. Industry or business  13. Industry or business  14. Maiden name.  Maiden		(If faral, give LOCATION)
4. Sex 5. Delar or race 6.(a) Single, married, widowed, or diversed T. B. Delar or race 8.(a) Single, married, widowed, or diversed MEDICAL CERTIFICATION  3. (b) Name of husband clastic. SAMUEL 8USSAN  5. (c) Name of husband clastic. SAMUEL 8USSAN  5. (c) Name of husband clastic. SAMUEL 8USSAN  5. (c) Name of husband clastic. SAMUEL 8USSAN  5. (d) Name of husband clastic. SAMUEL 8USSAN  6. (d) Name of husband clastic. SAMUEL 8USSAN  5. (e) Name of husband clastic. SAMUEL 8USSAN  6. (d) Name	How long to hospital or institution?	2.(a) It veteran, name war
3. Birthplace.  Crown, country, and etate)  11. Influstry or business  12. Is with face and presented and the face and the	3. (a) FULL NAME	3. (b) Social Security Number
3. Birthplace.  Crown, country, and etate)  11. Influstry or business  12. Is with face and presented and the face and the	SADIE SUSSAN	
8. (6) Name of husband on mide SAMUEL SUSSAN  1. Birth date of decreased from	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5. Sirth date of deceased (one day, yr.)  1. Industry or business  1. Industry or b	7 W Hidow	20. DATE OF DEATH MERY 27 18 45 at 10:30/Am
18. Birth date of deceased (mm. day, yr.) MAR 26 1883  8. AGE: Vears Months Days It less than one day  19. Wash occupation.  10. Usual occupation.  11. Industry or business  12. Name Particular Days Date thereof.  13. Birthplace  14. Maiden name.  15. Birthplace  16. Industry or business  11. Burial Commence of the state of death of d	S (A) Name of husband or wife SAMUEL SUSSAN	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
13. Birthplace (Town, county, and state)  14. Maiden name (Burnal, Character, County)  15. Birthplace (Include pregnancy within 8 months of death)  16. Informant (Burnal, cremoval, Which?)  17. Burnal, cremoval, Which?  18. Funeral director B Daracter (County)  19. Walk 2 7 19. 55 Parthur A 2 4		- An An
8. AGE: Tears Months Days If less than one day  13. Birthplace	7 Digith date of	and that I fast saw h. A. alive oo
3. Birthplace		Immediate cause of death Caran aliquinarau large DURATION
8. Birthplace	o. AGE.	Candiac Wecampustion Johns
10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name.  15. Birthplace  16. informant.  Address  17. Date thereof.  18. Industry or community.  19. Warrant of centrol of centrol of community.  19. Warrant of centrol of ce	63 62hrsmin.	, , , , , , , , , , , , , , , , , , ,
10. Usual occupation   Radiana   R	2 Sixtherine Poland	Due to Centenios cleration heart disease 20 2/22
11. Industry or business    12. Name	(Town, county, and state)	und Pulleestension
11. Industry or business    12. Name	1D. Usual occupation.	
12. Name	11 Industry or business	886 10
14. Maiden name  15. Birthptace  16. Informant  Address  17. Burnel  (Burial, cremation, or removal, Which)  Cemetery or crematory  Location  Control  Contr		Makes and Ware
14. Maiden name  15. Birthptace  16. Informant  Address  17. Burnel  (Burial, cremation, or removal, Which)  Cemetery or crematory  Location  Control  Contr	12. Name	
Autopsy results.  Autopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: ti death was due to externat causes, fill in the tollowing;  Accident, suicide, or homicide.  Date of		(Include pregnancy within 8 months of death)
Autopsy results.  Autopsy results.  PHYSICIAN: Flease underline the cause to which death should be charged statistically.  22. VIOLENCE: ti death was due to externat causes, fill in the tollowing;  Accident, suicide, or homicide.  Date of	岩 14. Malden name	Major findings of operations
Address 8 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	≥ 15. Sirthplace	
Address 8 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	15 Interment Philips D. Sussan	Autonsy results
17. Burnel  (Burial, cremation, or removal, Which?)  Cemetery or crematory. Brief Grand Gr	01	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?)  Cemetery or crematory. Brial Co-  Location Blazal Co-  Location Blazal Co-  Location Blazal Co-  18. Funeral director. B Dany and Harry  Address 350/- 14th At 94 Probable See  19. Mar. 27 19 V5 Josephine M. Bhaelfer		22. VIOLENCE: tt death was due to externat causes, filt in the tollowing;
Cemetery or crematory. Brin. Brank Co.  Location Blank Will Co.  18. Funeral director. B. Dany and y to Means of Injury and Injury occur?  Means of Injury occur?  (City or town) (County) (State)  Injured at home, tarm, lodustry, public place (where?)  Means of Injury  19. Mar. 27. 19 V5 Doephine M. Dhaelfer  3500-445 Dr. M.D. or other  3500-445 Dr. M.D. or other	17. Date thereot Manual (month) (day) (weep)	Accident, suicide, or homicide
Location Bleas Will Company Legy & Injured at home, tarm, lodustry, public place (where?)  18. Funeral director B Dany and How	B R. ID	
18. Funeral director B Dangaroly 4 & Means of Injury Injured at work?  Address 350/- 14th st 9 Working Shoelfer  19. Mar. 27 19 V5 Josephine m. Schoelfer 3500-14th St MM 20 19 19 19 19 19 19 19 19 19 19 19 19 19	Cemetery or crematory	
18. Funeral director Bolan and Address 350/- 14th st 9 of Orpohile slee  19. Mar. 27 19 V5 Josephine m. Schoeffer 3500-14th St. M.D. or opher 3127/45	Location Ches Hell Con I we June June	
19. Mar 27 19 V5 Josephine m. Schoeffer 3500-11th of Mill. or other	18. Funeral director B Dansanch + &-	Means of Injury Injured at work?
19. Mar 27 19 V5 Josephine m. Schoeffer 3500-11th of Mill. or other	and will don't all in the	E Storing The
19. Mar. 27 19 VI Joseph M. Schoolfer Registrar Address 3500 - 14th St MV. Bate signed 3/27/45	200011. 2000	23. SIGNATURE M. D. or other
	19. Mar. 27 19 19 Deffuel M. Coalfle Registrar	Address 3500-14th or M. Date signed 3/27/45

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APR 5 1945

BUREAU V.S.

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# MARYLAND STATE DEPARTMENT OF HEALTH

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	s St., Baltimore (18-6)
CERTIFICAT	E OF DEATH Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn lufants give residence of mother)  State  County  County  City or towo  (If outside city or town limits/write RURSE and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) It veteran, name war.
3. (a) FULL NAME alma Marie (Schr	aishuhn Thompson 3. (b) Social Security Number
4. Sex Fe. S. Color or raco. S. (a) Single, married, widowed, or diverged married	MEDICAL CERTIFICATION  20. DATE DF DEATH MArch 24 1945 of 5a. M
6.(6) Name of hosband or wife.  C. (6) Name of hosband or wife.  C. (6) Name of hosband or wife.  C. (6) Name of hosband or wife.  C. (7) Name of hosband or wife.  C. (8) Name of hosband or wife.  C. (9) It alive, give ago  S. (10) It alive, give ago	21. I CERTIFY that death occurred on the date above atated; that I attended deceased from  October 19.44 to mar 24 19.45  and that I last saw held alive on march 23 19.45  Immediate cause of death DURATION  Our Cinowa of Merrus  Our Charlest Concerns of the Concerns of Merrus  Our Charlest Concerns of Con
9. 8   Thiladelphia Pa (Town, county, and state)  10. Usual occupation. Lowering	Duo to.
11. Industry or bosinosa  12. Name. Harry Schraishuhn  13. Birthplaco Physical Ranchenberger  14. Maiden name. Margaret Ranchenberger	Other conditions  (Include prognancy within 3 months of death)  Major findings of operations. Optically dug ust, 44 moferable
16. tatormant albert E. Thompson  Address 9925 washham & Si. Spring.	Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: tt death was due to externat causes, fill in the following:
(Burial, cremation, or removal. Which?)  Comotory or crematory  Location  Comotory or crematory	Accident, suicido, or homicide
18. Funeral director. Warner & Punkhry.  Address 8 4 3 4 ga ave - Selve Spring - md.  19. Mar. 24 19 4 Topophius in Schaeffe (Date rec'd by registrar)  Registrar	Means of Injury  injured at work?  23. SIGNATURE.  M. D. or other  M. D. or other  Address Sible String, M. S.  Bate signed.

PARTICIO RO STATE GRAZZANI

MODEST CALCULATION

APR 5 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 72-2

## CERTIFICATE OF DEATH

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Reg.	Dist.	No.	 st.	k	Ď

1. PLACE OF DEATH: Monts Co, county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State
Edward Ellsworth Thompson.	3. (b) Social Security Number
4. Sex Male Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION  March 28th 45 6.30F
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  1941 3 4 0 hrs. min.  9. Birthplace. Gaithersburg. Md.  (Town, county, and state)  10. Usual occupation.  11. industry or business  11. industry or business  11. Industry or business  12. Name. Edward Ellsworth Thompson  13. Birthplace Gaithersburg, Md.,  14. Maiden name. Washington D.C.  15. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.
16. informant Betty Jane Reed, Thompson  Address Gaithersburg. Md,  17. Burial Bate thereof 3/31/45  (Burial, cremation, or removal. Which?)  Cemetery or crematory Ferest Oak Cemetery  Gaithersburg. Md,  18. Funeral director Ernest C Gartner  Address Gaithersburg. Md,  19. March 31 19.45 Charles & Construction Registrar  (Date ree'd by registrar)	Antopsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 5 1945 BUREAU V.S.

# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

### CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DE				2. USUAL RESIDENCE (HON (For newborn infants give resid	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Bethesda (rural)  (If ontside city or town limits, writs RURAL and give nearest town)  How long in above place of death? 17 hours  Hospital, institution, or street address where death occurred:  US Naval Hospital, Rethesda, Md.			State D/C.	State			
			City or town				
			rs	2.(a) If veteran, name war	THE WALLS PARTY		
3. (a) FULL NAMI		SON, T	erry Brewster, C		3. (b) Social Secu	rity Number	
4. Sex male				MEDICA 20. DATE OF DEATH	al CERTIFICATION		
8.(b) Name of husband or wife Mrs. Leita Thompson  8.(c) If alive, give age			21. I CERTIFY that death occurred on the 5 March	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  5 March  19.45  10. March  18.45			
7. Birth date of deceased (mo., day, y	וב ד	b. 189		and that I last saw halive on			
8. AGE: Years 54	Months O	Days 21	If less than one dayhrs	Immediate cause of death	. Cona	DURATION 14 hours	
8. SirthplaceWashington D. C. (Town, county, and state)  10. Usual occupation			Due to	mellitus			
	martes Inc Mich. (dec						
14. Malden name Flora McDonald 15. Birthplace Wis.				(Include pregnancy w			
16 Informant Wife: Mrs. Leita Thompson  Address 2132 Bancroft Place, N. W., Wash., D.			Autopsy results Study MAC	nigleto Mun fac			
17. burial Date thereof 3-8-15 (Month) (day) (year)  Cemetery or crematory Arlington National  Location Arlington, Va.			22. VIOLENCE: If death was due to ext  Accident, suicide, or homicide	Date of	(State)		
18. Funeral director. W. W. Chambers SA. Nash Address 1400 Chapin St., N. W.  19. March 6 1945 Mary Charlotte Smith			23. SIGNATURE 2. HOSDIT	M	C USM		

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PERSONAL PROPERTY.

AND DESCRIPTION OF THE PERSON OF THE PERSON

APR 6 1945

#### 2411 N. Charles St., Baltimore 83-01

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# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County. Monlyomery	(For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County		
	City or town (if outside city of town limits, write RURAL and give nearest town)		
How long in above place of death?			
4600 Walsh St.	Street No. 4600 (1) alcah Al-		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Walter S. Thom	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male while married	20. DATE OF DEATH MARCH 114 19 45 st 6:15 M		
6.(b) Name of husband or wife. Bessie m.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	" 11/2 41 2/5 45		
7. Birth date of Section 1. Section 2. Secti	and that I last saw h was alive on 3/5		
deceased (mo., day, yr.) JRF. 23, 1880	Immediate cause of death DURATION		
8. AGE: Years Months Days tfless than one day	respector failure		
65 min.			
8. Sirtholacs maryland	Due to Chrebral hecarrhay		
Flown, county, and state)	Due to.		
10. Usual occupation Totalal Seigh.			
11. Industry or business	Due to		
	Ather conditions		
12. Name Samuel Trank Shamps			
	(Include pregnancy within 8 months of death)		
14. Maiden name Emfra Hitlings 15. Birthplace Manyland	Major findings of operations		
₹ 15. Birthplace Makeyland	Date of op		
18. Interment Louise Bagley Dough	Eschopsy results.		
Address La me	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which')  Date thereof. 3 / 5 / 5 / (year)	Accident, suicide, or homicide		
Cemetery or crematory Rockwelle Zanion Ce	Where did injury occur? (City or town) (County) (State)		
D. A :01. S.A			
Location College Management of the Location College	Injured at home, farm, industry, public place (where?)		
18. Funeral director. let Jenster Junior	Means of Injury Injured at work?		
Address 7557 Wis. aue. Belaks	la V.L. Marka 4. d.		
2-13-46 120 ams	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)	Address 460/ Heland Ht Bate sland 3/12/45		

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APR 6 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 33-2

#### CERTIFICATE OF DEATH

(13.188 Reg. Dlet. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mongamy	(For newborn infantn give residence of mother)  Sigle
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 2.3	(If outside ity or town limits, write RURAL and give nearest town)
Namelial Institution or street divers where death accurred.	Street No. 3
37 Syrawse ave	(I rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteras, name war
MARY Scott WALL	3. (b) Social Security Number
4. ex 5. Color or race 5.(a) tingle married, widowed, or timecal	MEDICAL CERTIFICATION
+ Weden	20. DATE OF DEATH Mas 29 19 45 21 44 P. M
B.(b) Name of husband or wife Educad Vale	21. LOGRIFY that death occurred on the date above stated; that I attended deceased from
	maily 1342 to 19
7. Birth date of B.(c) If alive, give age years	and that I last saw h. A alive on Times 29 19.4.
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Conjedent Lint
87	film Rully
9. Birthplace (Town, connty, and state)	Due fo.
N ~~	alling telling
1B. Usual occupation	Due to Should to
11. Industry or business	
12. Hame	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name R. S. S. Birthplace R. S. S. Birthplace R. S.	Majnr findings of nperations.
15. Birthplace Bulling - Ua	Bate of op.
16. Informant Many C. W. Shanga	Antmosy results.
37-11	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 3	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial, cremation, or removal. Which?)  (Burial, cremation, or removal. Which?)	Accident, suicide, or hymicide
	Where did injury occur?
Cemetery or crematory.	(City or town) (County) (State)
Location	Means of Injury Injured at work?
18. Funeral director	000000
Address 754 - Pa. Grandy, Wash. O.C.	23. SIGNATURE DIA,
10 Mar. 29 1041 4 Houm Noul	M. D. or other
(Deta read by registrar)	Address C C / C C AX Me A Rote stoned 7 7 7/1

work.

Degned by duration of the Doroner of hundgering County.
Doroth abriandly due to Stale ked. RECEIVED BUREAU V.S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73



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# CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
Cily or town Pallesda	State Mary Carry County Morning
(If outside city or town limits, write RURAL and give nearest town)	City or town Silver Spring
How long in above place of death?	(If outside city or own limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 9507 Garwood
	(If rural, give LOCATION)
How long in hospital or institution? And deep	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Whitmen	1094-65 8211 A.
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Male White married	20. OATE OF DEATH March 18 19.45 at 12.44
8 (h) Hame at buckand or wife Me Madge Whitmeyer	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
6.(b) Name of husband or wife	March 2 19 45, 10 March 18 19 4
S.(c) If alive, give ageyears	-m en R 17
7. Birth dale of deceased (mo., day, yr.) Oct 5, 187\$	and that I last saw h. an alive on March 17 18 4
8. AGE: Years   Months   Days   If less than one day	Immediate cause of leath OURATION
70	Toncho preumma 11da
/ Omin.	(acute)
9. Birtholace Otta, N.Y.	Perch
9. Birthplace	950 10
10. Usual occupation Retired	
	Que to Suspendensine Heart
11. Industry or business	
12. Name Decholine wellmeyer	Dither committeed Myscardial Property
13. Birthplace Segmann	failure huti
Cathan and the	(Include pregnancy within 8 months of death)
14. Maiden name Catherine & Kerss  15. 81thplace  7. 4	Major findings of operations.
15. 81rthplace 7), G	
Sough Whitmeyel	
2. ( ) a · C. Q. Cha · C.	Antopsy results
Address 306 Judian Sp. Dr. Silver Ju	
17 Shipment Date thereof 3/21/45	39. FIOLENCE: If dealh was the to external causes, fill in the following:
(Burial, cremption, or remove). Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Liberty Gard Cena	Where did injury occur? (City or town) ' (County) (State)
Citter & Sale	
Location Control Contr	injured at home, farm, indusiry public place (where?)
18. Funeral director. Was Checken Henry	Means of Injury Injured all work?
1 (1: 0 A.T. 16	7 0 7 1
Address 1837 Wes. Clay. Belke the	23. SIGNATURE Laures J. Od mnee
" 3/24 - 45 Mm ED DICK	
(Date rec'd by registrar)	Address 4 902 Eletherhery Dale signed 3/18/4



2411 N. Charles St., Baltimore 3200

Reg. Dist. No.

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Mongtomery City or town Bethesda. (rural)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
City or town Bethesda, (rural)  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street address where death occurred:  U. S. Naval Hospital, Bethesda, Md.	City or towo (if outside city or town limits, write RURAL and give nearest town)  1250 Simms Pl., N. E.  (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME WRIGHT, Charles (n) CBM USN	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION  20. DATE OF OEATH
6.(b) Name of husband or wife. Mr.S.a. Mary V.a. Wright  7. Birth date of deceased (mo., day, yr.)  6.(c) If allve, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Dec • 19 44 to 22 Mar 1 and that I last saw h imalive on 22 March 1
8. AGE: Years Months Days It less than one day 10 hrs	Immediate cause of death OUR Carcinoma, rt. lung 3mm Metastetic
9. Birthplace (Town, eounty, and state)  10. Usual occupation Navy  11. Industry or business	Oue to Nephroma Right Kidney UNK
12. Name Amos Wright 13. Birthplace Pa. (deceased)	Other conditions
14. Maiden name Frances Burns  15. Birthplace  J.J.	(Include pregnancy within 8 months of desth)  Major findings of operations. A.b.o.y. 2
16. Informant Wife: Mrs. Mary V. Wright Address 1250 Simms Pl., N.E., Wash., D.C.	Autopsy results
burial  (Burial, cremation, or removal, Which)  Oate thereof. 3-26-15 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory ArlingtonkHational Cemetery Arlington, Va.	Where did injury occur?
Address 517 11th St. S. E., Wash. J.C.	Means of Injury  E. M. (Leuch)  23. SIGNATURE E, M. KENT, Lt. Comdr. (MC) USN
19. March 22 19 45 many Charlotto Smith Registrar	23. SIGNATURE.  Address US NAVAL HOSPITAL, Bethesd 3-22

	3. (b) Social Security Number
MEDICAL C	CERTIFICATION
20. DATE OF DEATH	22 19 45 at 1 p. m
21. I CERTIFY that death occurred on the date at 7 Dec.	bove stated; that I attended deceased from 22 Mar 19 45
and that I last saw h. imalive on 22	March 19 45
Immediate cause of death	OURATION
Carcinoma, rt. lun Metastetic	g OURATION 3 mos. T
Ous to Concinomal	Hyper- Hyper- Hyt Kidney Unknown
Oue to	
Other conditions	
(Include pregnancy within 8	
Major findings of operations	e
Autopsy results	•••••••••••••••••••••
22. VIOLENCE: tf death was due to external ca	auses, fill in the following:
Accident, suicide, or homicide	Oate of
Where did injury occur?(City or town)	(County) (State)
Injured et home, farm, Industry, public place (	where?)
	injured at work?

CAULTERAN CAULTERAN

FILM NO G 9 4 MAY 15 1945 CERTIFIC	CATE OF DEATH
County	2. USUAL RESIDENCE (HOME) OF DECI (For newborn infants give residence of mother)  State Maryland County Che vy Chase (If outside city or town limits, write) Street No. 6303 Georgia St.  (If rural, give LOCAT 2.(a) If veteran, name war.
3. (a) FULL NAME  Second Secon	3. (1
4. Sex   5. Color or race (6.(a) Single, married, wildowed, or divorced mole while married	MEDICAL CERTIF
B.(b) Name of husband or wife. D. S.	Immediate cause el death
9. Birthplace	Due to Caralia - eraceral
12. Name y der -	Other conditions Carelly San
14. Maiden name Drussin & Ellin 15. Birthplace Bulin ohio	(Include pregnancy within 3 months of Major findings of operations
16. Informant Darothy years Wife Address 6303- Floragia et cheogehour	Autopsy results
17. Contact Bare thereof March 4 192 (Burial, cremation, or removal. Which?)  Cemetery or crematory Les Juneal Home	22. VIOLENCE: If death was due to external causes, fill le Accident, suicide, or homicide
Location 300) 4th St and mass ove m.  18. Funeral director with See Sons co	injured at home, farm, industry, public place (where?)
und lu a ma Da	

Registrar

Evidence for addition of MARYLAND STATE DEPARTMENT OF HEALTH residence of deceased is shown on 2411 N. Charles St., Baltimore 13-0

2.	USUAL	RESIDENCE	(HOME)	OF DEC	EASED:
	123	1- # A			1

		give residence of mother)		
01.1	Maryland		Montgomerv	

RURAL and give nearest town)

ION)

) Social Security Number

#### **ICATION**

20. DATE OF DEATH IN DEACH	21	9.4.5, 2	LOA
21 I CERTIEV that death assured on the date shows stated	Abol Lollo	adad dasaas	of dunning

DURATION

deuth)

should be charged statistically.

the following:

(County) (State)

Injured at work?



PERSON TO THE PERSON THAT WHATE IN

2411 N. Charles St., Baltimore 746

# CERTIFICATE OF DEATH

03092

Reg. Dist. No. 216

1. PLACE OF DEATH: County Montgomesy	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bethesda (If outside city or town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospifal, institution, or street address where death occurred:	Street No. 2904 S. Jang
Suburban Hospital	(If rural, give LOCATION)
How long In hospital or Institution? 11 hours	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles E. Young	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W	20, DATE OF DEATH MAS - 6 18 45 21 /230 A M
6.(6) Name of husband or wife. I will young.	2t. I CERTIFY that death occurred on the date above stafed; that t atlended deceased from
7. Birth date of 17 1914, give age 5 9 years	and that t last saw h alive on 19.
deceased (mo., day, yr.) March 17, 1876	
8. AGE: Years   Months   Days   If less than one day	Immediate canso of death
68 11 17hrsmin.	acute my ocas dial failure
9. Birthplace (Town, county, and state)	Due 10
10. Usual occupation Carpenter	
11. Industry or business	Due to
12. Name Syring  13. Birthplace  UU  13. Birthplace	Other conditions Cleuta Myelo generes
	(Include pregnancy within 3 months of death)
14. Maiden name Sis Huntington  15. Birthplace VO.	(Include pregnancy within 3 months of death)  Major findings of operations.
S 15. Birthplace	Date of op.
16. Informant of January . Usuna	Antopsy results
a carried tax	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 2909 S. Joney. W.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Removed 3-6-4 Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Abdisort, subject of transfer
Cemetery or crematory	Where did injury occur?
Location	injured af home, farm, industry, public place (where?)
10 Enough director Course from Turneral Home	Meaos of Injury Injured at work?
Address Plens of Sumples	0.K=1P
Multiple Charles of the Control of t	23. SIGNATURE
19. (Date rec'd/by recistrar)	Address U.S. Waval Drop. Warh. D. C M. D. or other 148

RECEIVED

APR 6 1945

BUREAU V.F.

MARGIN RESERVED FOR BINDING

correct age

1. PLACE OF DEATH,

3/3 (Date recid by registrar)

1945

(If outside city or town limits, write RURAL and give nearest town)

7/m E Da

Registrar

How long in above place of death?

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

# CERTIFICATE OF DEATH

M. D. or other

buf Date signed 3 - 4 &

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
State Many Stand County Month
Cily or town (If outside city or town limits, write RURAL and give nearest town)
Street No. 501 Land St

nospiral, institution, or street address where death occurred:	Street No. 501 (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME Hoover M. Kook	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced male white manual	MEDICAL CERTIFICATION  20. DATE OF DEATH		
6.(b) Name of husband or wife USL 2	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from  19		
8. AGE: Years Months Days It less than one day  5 9 11 33	Coronary occlusion sally		
10. Usual occupation	Due to		
12. Name Leander John 13. Birthplace Pan	Other conditions.		
14. Maiden name Clair Merrich  15. Birthplace W. Va	(Include pregnancy within 3 months of death)  Major findings of operations		
18. Interment Sulleit W. 300/2 Address 7027 Earlen avz - Jakona Pk. mel	Autopsy results  PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial cremation or removal Which?)  Oate thereof Jarch 5 1945:	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide		
Cemetery or cremator Littern Genetry  Location Balwas W. Va Jakson Ex	Where did injury occur?		
18. Funeral director of Julius Stallars,	Means of Injury Injured at work?		
Address \$57 Carpall St. Jehona & Perk DC:	F. 1 Broachard mov.		

VS A15

BUREAU V. B.

THATEOUR